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PART I.

ORIGINAL COMMUNICATIONS.

ART. XIV.—*Work done in Surgery by its Professors in the Royal College of Surgeons in Ireland.*^a By SIR WILLIAM STOKES, M.D., Ch.M., Univ. Dubl., F.R.C.S.; Professor of Surgery and ex-President, Royal College of Surgeons; Senior Surgeon to the Richmond Surgical Hospital; formerly President of the Pathological Society of Ireland, &c.

It is not of my seeking, or my will, that I occupy the position of lecturer here to-day; and it is not necessary for me to enter into any explanation as to how it has come about, beyond stating that my colleagues wished I should undertake the task, and although I have serious doubts as to the wisdom of their choice, I cannot refrain from an acknowledgment of so signal a mark of confidence on their part. It seems to me there is a peculiar responsibility and importance attached to the inauguration of this session, as we are, so to say, commencing a new dispensation. "The old order changeth, yielding place to new." We are now, in truth, ringing out the old system, and ringing in the new; and this process is fraught with consequences of the utmost gravity and importance, not alone to the student, but also to this College, the Profession, and the public at large. Owing to the union that, since the last Inaugural Address was delivered here, has taken place between this College and the other Medical Corporations of Ireland, the

^aInaugural Address delivered at the Opening of the School of Surgery, Royal College of Surgeons. Session 1887-88.

student in medicine has now, as you all know, to look forward not alone to Sessional Examinations, but also to a final one, conducted, not as heretofore by one, but by two of the medical authorities. From this union of our College with the other corporations I anticipate the best results. The want of such has too long been a source of weakness to our profession, has kindled feelings of mutual jealousy and distrust, and, for many good purposes, kept us divided, powerless, and weak ; and although in the negotiations between the bodies many feathers have been, and still are, ruffled, and the union is not as complete and comprehensive as I trust I may live to see it, still a good beginning has been made, and I look forward with confidence to witnessing a happy reciprocity and overlapping of our work, and an approach made to that end desired by all—Unity in the Science of Medicine.

Although much hostile criticism has been devoted to the new curriculum and the sessional system of examinations—one which with certain students will always remain unpopular—still, to those who take a more far-seeing view of the situation, the merits of both must soon become apparent. As regards the former, I would allude to the accentuation of the necessity for a much larger amount than was hitherto required of what may be called extra-professional education—in the interests of the social advancement of our profession a wise provision—inasmuch as this is influenced and promoted, as has been well said, not so much by its prominent heroes as by the impulse given by the culture and mental powers of the masses in it.

The sessional system of examination authoritatively emphasises the necessity for abandoning for ever the method that formerly was too prevalent, of leaving to the last few months of pupilage all honest and earnest effort to master merely a sufficiency of anatomical and surgical details to satisfy the examiners. It is not too much to say that this system was as discreditable as it was pernicious to all concerned—students, teachers, and examiners—and it is amazing how it was tolerated by the authorities for so long a time. You are to be congratulated, instead of being sympathised with, at the extinction of such a system, and at joining the ranks of our profession when the student in medicine occupies a far different and far higher position in public estimation than formerly was the case, and when the being, so ably satirised by Albert Smith and Dickens, who, fashionably dressed, vaguely “walked the hospitals” in the morning, and subsequently, in the

afternoon, was an ardent "Fire Worshipper" in the dissecting-rooms, is no longer to be found. Such a creature exists now, I am happy to say, only in the limbo of a discreditable tradition, and is as completely extinct as the mythical Dodo.

If there are any among you who regret that their lot has fallen on these days, when frequent examination and constant toil, from the beginning of your professional study, seem to be essential to success, I would ask you to bear in mind, and take comfort in the reflection, that your present lot is not exceptional, that similar and frequent testings are found necessary for all who study other arts and other sciences with any hope of success. What would be thought of a student in engineering, or sculpture, or painting, or any other art or science, whose proficiency was never tested, and who postponed all real work at those subjects until a few months before he demanded and expected public recognition in them?

It may be said that such examinations during the different stages of your progress are like the tests and exercises of your physical powers in your training for athletic exercises. All of you are, I trust, more or less proficient in such, and know something of the frequent measuring of your powers before any of your Olympian contests. If such are found to be essential for success in these latter, is it not important that even greater precautions should be taken to insure success in the long professional contest in which the most of your lifetime will be spent? and especially is it not more so in the profession you have chosen, in which the competitors are so many, and the honours and prizes so few and far between?

In that professional work, however, both as pupils and subsequently as practitioners, you should endeavour not to be influenced solely by the principle, of which Schiller spoke so contemptuously, as actuating what he termed the *Brodgelehrte*, or bread scholars. But first I must guard against the possible assumption that, in referring to this passage of the great writer, I hold that there is anything unworthy in looking forward to the acquisition of professional knowledge as a means of livelihood. Such a doctrine I hold to be preposterous, and only to be classed with poets' dreams; but I would impress upon you that the *Brodgelehrte* principle should not be the sole or even the main motive force in your efforts, as, I am sorry to say, it is with so many. Rest assured that work done for its own sake, irrespective as to whether the results be tangible and practically useful or not, is, as a rule, the product of minds intellectually as well as morally far superior and capable of greater

acquirements than that of persons whose objects are mainly personal advancement and the accumulation of wealth. The one and nobler class illuminate the path of science with lamps which ever burn with inherent fire; the others are like the lesser stars which owe their brightness to reflected light.

In this School, as I know by pleasurable experience, the students have been, as a rule, ever animated by the three great motive forces which promote all good things—earnestness, enthusiasm, and honesty in work; and I feel confident that in the coming session, you who constitute the class of the School of this College—a School hallowed by so many worthy memories and noble traditions—will not be behind your predecessors in proving yourselves capable of honest effort; determined to be true to yourselves, true to those nearest and dearest to you, who perhaps in some instances at great personal sacrifice to themselves, have sent you here to acquire your professional training. Let one of your main ambitions be not to be haunted in after-life by the disturbing and paralysing spectres of lost opportunities; and so at once grasp the golden grains of knowledge set out before you, and, above all, keep records of what you see and what you hear, both in hospital and school. Let your motto be—“*Nulla dies sine lineâ*.” It was said by a distinguished author—Anthony Trollope—that “students should let their work be to them as is his common work to the common labourer. No gigantic efforts will then be necessary. He need tie no wet towels round his brow, nor sit for thirty hours at his desk, as men have sat, or said they have sat.” Remember that constancy in labour will conquer all difficulties—“*Gutta cavat lapidem non vi sed sæpe cadendo*.” At once, therefore, commence to make the most of the precious but irrevocable years of student life—years as fleeting as the clouds in a summer sky, which once gone never can return—and ever bear in mind the truth of the old adage: “By the street of By-and-bye one arrives at the street of—Never.”

“Gebraucht der Zeit, sie geht so schnell von hinnen,
Doch Ordnung lehrt euch Zeit gewinnen.”—*Goethe*.

It has been noted as a peculiarity of our countrymen that they have a tendency to keep feeding their minds on the memories of bygone days, and to devote themselves to the contemplation of the achievements of their predecessors. There may be some truth in the charge; but, though the too frequent indulgence in the practice is certainly to be deprecated, it is at times not only fitting but

right to recall the work done likely to endure, and the progress made by those who have preceded us. On the present occasion, however, I shall confine myself to making a retrospect, necessarily a swift and fleeting one, of the chief surgical work accomplished by many of my predecessors in the surgical chair of this College, in which survey I have to acknowledge with gratitude the assistance I have derived from the comprehensive History of the College by my friend and colleague, Sir Charles Cameron. An apology is hardly necessary for taking this course, as the labours achieved by these masters of our art have in so many instances acted as starting points for investigation, and resulted in new departures in our knowledge of surgical pathology, and consequent improvements in surgical therapeutics. While time and subsequent research have led to the rejection of certain views promulgated here, still it must be admitted that the great bulk of the work of our surgical predecessors has been accepted and their doctrines verified; but, irrespective of their acceptance or their rejection, one great good resulted, one precious legacy they bequeathed to us, which was the great and salutary impulse to effort that actuated them—that impulse which we call progress. The history of their work is, in truth, full of inspiring memories and pregnant with far-reaching hopes, and no one who studies it can fail to become sensible of the fact of the great responsibility which is attached to those who follow even "*longo intervallo*" the steps of many of the great surgeons who made this school the arena for their labours.

William Dease, whose statue so fitly adorns the hall of this College, was the first Professor of Surgery here, was an original member of the Dublin Society of Surgeons, one of the most energetic founders of this College, and a distinguished member of the surgical staff of the Meath Hospital and County Dublin Infirmary. He was a wise and philosophic surgeon, whose works, even when read by the light of modern investigation, remain, and are rightly considered classical. They remain so, not only because they were the works of a conscientious and accurate observer, but also because they were written from, and not for, practice. His works "*On Obstetrics*," "*On the Radical Cure of Hydrocele*," "*On the Treatment of Venereal Disease*," and, lastly, his great work "*On Injuries of the Head*," would have been more than sufficient to render his name famous. He first recognised and taught the great fact in reference to the late appearance of evidence of cerebral inflammation, and its sequelæ after injuries of the head.

In illustration of this pathological fact, noted by Dease, I may briefly recall two notable instances in my own practice in the Richmond Hospital, in one of which cerebral trouble did not become apparent until eight weeks after the receipt of the injury, which was a blow from the handle of a reaping-hook. The patient had gone to the north of England for employment at harvest operations, and sustained the injury during a dispute with some fellow-labourers, who emphasised their arguments by blows. No immediate bad consequences supervened, and for seven weeks after he was able to continue his work. He then returned to Ireland, and shortly after his arrival, and eight weeks after the injury, symptoms of cerebral pressure occurred. In the second case the injury was the blow of a hammer, which was inflicted six weeks before any serious mischief was apprehended. Oddly enough, the injury in both cases was inflicted just over the situation of Broca's lobe, and as regards the symptoms also there was the closest analogy. There was evidently brain pressure in both cases, indicated by slowness of pulse, complete motor paralysis, retention of urine, myosis, and complete insensibility, but in both cases an absence of stertorous breathing. I trephined in both instances over the seat of the injury. In the first case the cranial opening was, as in a third case in which I performed the operation of trephining for intra-cranial hæmorrhage, within a hair's breadth of the source of pressure. Had I in this case the confidence in dealing with it that antiseptic surgery has now given us, I would have made other openings, and doubtless have relieved, and probably have saved the patient's life. In the second case, in which a cerebral abscess, the result of injury, was diagnosticated, and which occurred in my practice in the Richmond Hospital, last August, I was more fortunate. The patient, a young man, aged twenty-four, at the time of the operation was speechless and unconscious, the paralysis both of motion and sensation complete, together with the other evidences of pressure above noted. He had, in addition, frequent convulsive seizures, confined altogether to the right side, after each of which the insensibility appeared to become, if possible, more profound than before. The patient was clearly *in extremis*. In this apparently hopeless case, assisted by the President, and my colleague, Mr. Thomson, I trephined over the seat of the injury. On raising the flap I found that there was a fracture of the outer table of the bone, a small portion of which, about the size of a threepenny piece, was detached. There did

not seem to be any depressed fracture. I then applied the trephine and raised the bone, and on finding no evidence of effusion of any kind between the bone and dura mater experienced a veritable pang of disappointment. I then pierced the dura mater with the needle of a hypodermic syringe, and on drawing up the piston again experienced disappointment at getting a negative result. I then passed the needle deeper, but with a like result. I was then about to withdraw it, and abandon my efforts to relieve the patient, when I determined, having gone so far, strengthened by the full concurrence of my colleagues, to make one final attempt to pass the needle down as far as ever it could go. I did so, and my satisfaction was, I need hardly say, intense when, on drawing up the piston, a few drops of pus were apparent in the glass receiver. I then freely opened the dura mater, and, using the needle as my guide, sank the blade of a narrow-bladed bistoury down to the abscess, the contents of which welled up to the surface. I completed the evacuation of the abscess by passing into the cavity a piece of Indiarubber tubing, and attaching one end of it to the nozzle of a glass syringe, succeeded in drawing or pumping up the contents of the abscess. About an ounce and a half of dark grumous pus was in this way obtained. I then washed out the cavity with a warm one per cent. solution of carbolic acid, and then, leaving a drainage-tube in, replaced the flap and dressed it with sal alembroth gauze and iodoform wool. I need not give, on the present occasion, any further details, but may state that before the patient left the operating theatre his power of speech returned; in less than three hours there was a marked improvement in all the paralytic symptoms, and that ultimately the recovery was complete.

The case is remarkable and deserving of record, not only in consequence of the late appearance of the results of inflammatory mischief, but also from the fact of the satisfactory result of the operation, the case being, as far as I am aware, the second in which the operation of evacuating a deep-seated traumatic cerebral abscess was performed; the first in which it was done was in Dupuytren's celebrated case—probably the most splendid operative effort ever achieved by that illustrious surgeon. The other cases of cerebral abscess from traumatism for which trephining has been performed, have been, as far as I can ascertain, without exception peripheral. The cases above alluded to I mentioned from their being so signally illustrative of Dease's

doctrine as to the late appearance in many cases of inflammatory cerebral mischief after cranial traumatism.

Following Dease, whose death, attended with such tragical circumstances, was such a blow to the cause of scientific surgery in Ireland, came one of the most remarkable teachers of surgery that probably ever existed here or elsewhere—I allude to Abraham Colles, whose works hardly need to be enumerated, as they are doubtless familiar to most or perhaps all of you. If asked on what I thought Colles' fame would ultimately rest, I would say first the great and salutary revolution which he effected in the treatment of syphilis, and which resulted in the abandonment of the reckless and indiscriminate use of mercury, and the advocacy of the principles that should guide us in the administration of the drug—principles now accepted by modern therapeutists of the very highest authority. In this respect Colles proved himself to be a true pioneer and clearly in advance of his time. Secondly, the graphic and accurate description of fracture of the lower end of the radius—the one which fitly bears his name—his account of it being all the more remarkable from the fact of his never having had an opportunity of dissecting an example of the injury. And lastly, the enunciation of what Mr. J. Hutchinson has designated “Colles' law,” that, namely, in reference to the immunity which mothers of congenitally syphilitic infants have against infection from their offspring, an immunity not enjoyed by the nurses previously unaffected. As regards his powers as a teacher, no better proof could be given of the high estimate that was formed of them than the resolution which was passed by the College on his retirement from the Chair of Surgery. It ran thus:—“It was the unanimous feeling of the College that the exemplary and efficient manner in which he has filled the Chair of the Theory and Practice of Surgery for thirty-two years had been the principal cause of the success and consequent high character of the School of Surgery in this country.” Colles was, as has been well said, “an example to all of what may be achieved by accurate observations and truthful record.” With the former, many of them original, his works are replete. Some have undoubtedly been appropriated by others, but, in truth, it may be said of him in regard to his works what was observed of a celebrated French philosopher and jurist, that even when “pillaged by all, he is still rich.”

Next in order came a no less eminent teacher, one who occupied a foremost place among the *dii majores* of the surgical profession.

I allude to Professor W. H. Porter, the father of my esteemed friend, colleague, and former teacher, Sir George Porter. Professor Porter's researches, carried on in the Meath Hospital, on the surgical staff of which he was for over forty years, on aneurysm, on syphilis, and on the diseases of the larynx and trachea, on which latter subject he published a work which must always be reckoned among the surgical classics, justly acquired for him a world-wide reputation; and although in one important doctrine of his, in reference to the inutility of the operation of tracheotomy in croup or diphtheria, exception may, I think, be taken—a doctrine which, having regard to the time he lived in, he, doubtless, had good grounds for holding and maintaining—still I feel confident that had he lived and worked during the present era, in which we have the advantage of many additional surgical improvements and appliances that did not formerly exist, he would have modified those views and become satisfied that the operation in the great majority of such cases not only gives great and immediate temporary relief, but that in a considerable proportion of them it is distinctly a means of saving life. This statement is based not alone on the results of statistical research, which shows that there have been $26\frac{1}{2}$ per cent. of recoveries in these cases after the operation, but also on the experience I and my colleagues have had in the Richmond Hospital.

We cannot, it is true, boast of any lengthened list of recoveries after the operation in these cases, but still there have been some, and doubtless there would have been others if the cases had been available for operation at an earlier date. But in all the temporary relief obtained was most remarkable.

As a lecturer Prof. Porter was unequalled. His earnest eloquence enthralled his pupils, and his frank and ready appreciation of what he believed to be true was only equalled by his fearless denunciation of, and scathing sarcasm in dealing with, what he believed to be untrustworthy and false. He was, in truth, no dry-as-dust a teacher. His hearers were supplied from no ancient eroded cistern or stagnant pool, for he had that power, possessed by so few, of being able to strike the rock from which came the living water.

Associated with Prof. Porter was Mr. C. Todd, the father of the eminent physician Robert Bentley Todd, of King's College Hospital, London. Mr. Todd, who was also secretary and librarian to the College, was not a prolific author, but a conscientious and

successful teacher, and his papers in the *Dublin Hospital Reports*—that mine of scientific wealth—are characterised by an essentially practical spirit. With his name must be always associated the introduction in the Richmond Hospital of the pressure treatment of aneurysm, that known as the “Dublin treatment.” It was in a case of Mr. Todd’s that the treatment first proved successful.

As regards the efficiency of this method of treatment, however, I cannot but think that surgical opinion is destined at no distant period to undergo considerable change, owing doubtless to the diminished risk now attending arterial deligation. In other words, I regard the treatment we have so long justly taken pride in as having originated here being, to a great extent, deposed from the lofty pedestal on which it has for so long a period fitly rested. In a large proportion of cases I believe it to be not only useless as a means of cure, but likely, if persisted in for any length of time, to militate against recovery being obtained when other and surer means of cure are subsequently adopted. In illustration of this I may instance, among others, three examples of aneurysm—one a radial, the second a femoro-popliteal, and the third a popliteal. In all three cases pressure was tried for a lengthened period and without effect. The failure, in fact, in all was signal.

In the case of the radial aneurysm I subsequently tied the artery, and this, owing doubtless to the too free collateral circulation that was established, was also unattended with success, and eventually I had to excise the aneurysmal tumour, performing the old operation of Antyllus.

The second case was a femoro-popliteal aneurysm, which was under my care so far back as August 17, 1870. In this case I commenced making pressure on the femoral artery, using alternately Read’s and Carte’s artery compressors, the former on the groin and the latter at the middle of the thigh. After four days and nights’ continuous pressure no difference was observed in either the size or consistence of the tumour. Digital pressure was also applied for two days, but with a negative result. I then exposed the femoral and placed a temporary ligature upon it, using Porter’s clamp. This was removed after fifty hours, but without any satisfactory result; and eventually, the aneurysm having become diffused, I had to amputate the limb. I feel satisfied that had a ligature been applied to the artery in the first instance, a different result could have been recorded.

In the last case I would allude to—that, namely, of popliteal

aneurysm—an instance of which has recently been under my care in the Richmond Hospital—pressure had been intermittently employed for a long period—over three months, namely—and I have no reason for supposing that it was not done with the highest degree of efficiency; but, as in the other cases, the result was unsatisfactory. The case then came under my care, and though urged by some of my surgical friends to continue the pressure treatment, I preferred, having regard especially to the latter having got, as I believe, an ample trial, to deligate the artery. There was immediate and firm union of the wound; no evidence whatever of pus production; but shortly after the operation a very distinct pulsation returned in the aneurysm, which continued for several weeks—so long, in fact, that I began to fear that the operation was not going, as far as the cure of the aneurysm was concerned, to be a success. Eventually, however, the result was eminently satisfactory. In this case, therefore, the pressure treatment not only failed to cure the aneurysm, but owing, as I believe, to the too free collateral circulation that was established as a consequence of the prolonged pressure, the recovery after the operation was distinctly retarded.

The lesson, therefore, to be learned from these as well as other cases that might be adduced is that, unless some hindrance or contra-indication exist, the surgeon who feels himself competent to perform efficiently arterial deligation, and able and willing to perform it in a thoroughly antiseptic manner, should prefer it to, at all events, any prolonged treatment of pressure, or to any of the other numerous eccentric devices that have been proposed from time to time by various persons craving for notoriety and a little ephemeral reputation, and who in this way veil their surgical incompetency under a garb of supposed originality.

Succeeding Mr. Todd came Mr. J. Wilmot, who contributed many able surgical papers to the *Dublin Hospital Reports* and *Dublin Quarterly Journal*. His fame as a surgical author will rest mainly on his work on “Diseases of the Prostate,” in which he was deservedly regarded as a high authority.

The last of the occupants of the Surgical Chair of this School I would allude to is my immediate predecessor, Prof. Hargrave, who for a long series of years ably maintained its reputation and prestige. Numerous papers on many practical surgical topics bear testimony to his unceasing industry, energy, and powers of accurate observation, and finally his work on “Operative Surgery”—one

too little known and appreciated—fitly placed him in the front rank among his surgical contemporaries.

It will thus be seen that in advancing and elucidating many of the greatest and most important branches of surgery, such as, among many others, fractures, aneurysm, syphilis, injuries of the head, diseases of the genito-urinary organs, of the larynx and trachea, and also in the wide—in truth almost illimitable—field of operative surgery—subjects which have for so long a time agitated, and are still agitating, the surgical world—the occupants of the Chair of Surgery in this School have been original investigators and leaders, whose work has stood the test of time, the most of it being still and likely to continue accepted.

Briefly regarding, as we only can do on an occasion like the present, work of such rare excellence as has been achieved by our surgical predecessors here, cannot but act as a healthy stimulus to further effort, not only on the part of your teachers, but also on your part—for all, teachers and pupils alike, are or should be actuated by the worthy ambition which so largely influenced those who preceded us, which had for one of its chief objects, the maintaining the prestige and reputation of this great and time-honoured College, and the Irish School of Surgery. In the present day exceptional difficulties and obstacles doubtless exist in the advancement of our art which did not, at all events to the same extent, hamper the efforts and retard the work of those who went before us. These difficulties still exist, and are likely to continue until, in more enlightened days, they are swept away with the contempt which they so richly merit. I allude more particularly to the difficulties thrown in the way of the experimental physiologist in these countries, and to the cruel and insensate opposition made to the repeal of the Contagious Diseases Acts, both striking illustrations of how sentiment may get the better of judgment, and both mischievous products of what has been well termed the "*Lues Philanthropica*," that weak, flabby, boneless, Utopian humanitarianism now so prevalent, and that has done so much to sap the judgment, discretion, and good sense of so many men as well as women. You should look upon it as one of your great duties and privileges in the present as well as in the future, to aid in bringing about that happy era, sure to come sooner or later, when all such opposition and obstacles shall exist only among the traditions of our art, and when, to quote Graves' noble words, "the stream of knowledge, now fed by a thousand new sources,

flows along deep and rapid, sweeping away every obstruction, and defying all human opposition." Then the obscuring mists of prejudice and folly will be lifted off the ground, and dispersed as by a magician's wand, and the physician and the surgeon will not have so often to fold their arms and sorrowfully confess that they can do no more, confess that they stand baffled and powerless in the presence of disease, which, perhaps, they may have vanquished for a time, but never conquered; then the State will no longer be guilty of thwarting efforts which, if allowed to be made, would, we know, aid signally in stamping out that fell disease which is such a cruel and relentless scourge and curse to humanity, which counts more victims than cholera, small-pox, or yellow fever put together, and which spares neither age nor sex, not even the innocent child unborn.

In your professional life hereafter, if slow to accept new principles and practice, be also slow to reject them. Remember there is nothing so cheap or so nasty as senseless detraction, nothing so vulgar, so stupid and contemptible as an unreasoning scepticism, and that indulgence in either or both has not infrequently brought persons into a position at once melancholy and at the same time ludicrous. I allude more particularly to the hostility that was formerly evinced by "practical" persons to the many instruments of precision now so indispensable to every well-educated practitioner, and of late years, mainly, I regret to say, in the surgical ranks of our profession, to the principles and practice of antisepticism as elaborated by Pasteur and Lister. When we consider how recently we have heard antiseptic practice held up to contempt as little else than a fashionable, but essentially ephemeral craze, and its professors and advocates described as persons apparently temporarily afflicted with a form of harmless lunacy, which in time, and with a more extended experience, they may reasonably be expected to recover from, we have a good example of the humiliating position unthinking detractors may eventually find themselves in. Above all, keep aloof from the mischievous class of critics and professional detractors who have not themselves either the courage or ability to enter the surgical arena and do any honest work, but, like the "hurler on the ditch," who always professes to be the best player, stand at the barrier looking on with no friendly eyes—and who, should any mishap perchance occur, lose no time in spreading the welcome tidings. The story, be assured, never loses by the telling, and so the poisonous bubble, blown out by the mephitic

breath of slander and falsehood, rolls on, increasing in size and amazing all beholders, until the moment—that moment which, be assured, will come at last—of its signal, its sudden and complete collapse.

You may be well congratulated at beginning the work of your lives—that which I trust may soon prove to you all a happy toil—at a time in which the advances made and the results obtained have been so signal and so great as to justify its being termed the “Golden Age” of surgery, and to prove how rash it was even of so great a surgeon as Boyer, upwards of seventy years ago, to express his conviction and belief that surgery had already attained perfection. In dealing with the present epoch, the future historian will doubtless place in boldest relief the revolution that has taken place in the treatment of wounds, one which has been attended with such amazing results, and brought about, not by any chance or inspiration, but by the application of knowledge gained of late from three of the great sources of scientific wealth—Physiology, Chemistry, and Therapeutics.

As a proof of what we have gained in our power of warding off and disarming what are not inaptly termed “preventable” diseases following wounds, all more or less connected with septic infection, let us briefly glance at some statistics connected with comparatively recent wars, for which I am indebted to my friend, Sir William MacCormac.^a In the Crimean War the number of men who lost their lives in the French Army was 95,615, of which only 10,240 perished at the hands of the enemy, the remainder succumbing to diseases resulting directly from their wounds. In the American War 95,000 men died from wounds, while 184,000, nearly double the number, perished from septic affections consequent on them. A remarkable change for the better was observed in the Franco-German War. In this campaign 28,282 died of their wounds, while only 12,253 died of preventable disease. But the greatest result of all yet obtained was in the Egyptian campaign of 1882, in which not a single instance of death from pyæmia, septicæmia, erysipelas, or hospital gangrene is recorded.

In fulfilling the task you have laid out for yourselves to accomplish, I trust you will be not merely steady workers, but earnest enthusiasts. I believe that in the study and scientific pursuit of our profession the highest exercises of the mind are required, and

^a On Abdominal Section. By Sir William MacCormac. Annual Oration delivered before the Medical Society of London, 1887.

the best charities of the heart are elicited. To insure an honourable success here—by which I mean not so much the acquisition of State honours or wealth as the sympathy and good-will of your contemporaries—bind yourselves by a true and exalted line of conduct; be strong, courageous, and stern in resisting all temptation to evil-doing; cherish always the worthy aspiration that your energy in all right and honourable action may not fail, and that you may not, in consequence, fall into that hopeless quagmire of mental stagnation into which so many sink, and from which so few have power to emerge; and, above all, remember that those talents with which you have been entrusted—to some more and to others less—should not be wrongly buried in the ground, but returned with interest to Him to whom you are indebted for them. Let it be your ambition as well as your prayer that you may be ever animated by the spirit of that great and solemn obligation which the philosopher and physician, Hippocrates, the Father of Medicine, required from his pupils—“In purity and holiness I will spend my life and practise my Art.” Do this, and then—

“Shall inferior eyes
That borrow their behaviour from the great,
Grow great by your example.”

ART. XV.—*A Visit to the Claret Country—Cheap Wine for the People.* By SIR CHARLES A. CAMERON, ex-President and Professor of Hygiene and Chemistry, Royal College of Surgeons.

AFTER a rather severe illness I spent a holiday last September in the sunny country where the best red wine of France is produced. The balmy air of the Gironde and its generous wines, combined with the influence of genial companionship, soon completed my convalescence, and I returned to my home invigorated both in mind and body. A brief account of the region to which I refer, and of its greatest industry, may prove not altogether uninteresting to the readers of the *Dublin Journal of Medical Science*. That magnificent river, the Garonne, 360 miles in length, effects a junction with another—the Dordogne—almost of as great length, and the united rivers form the wide river, or rather estuary, termed the Gironde. The largest department of France is named after the latter, which divides it from Charente Inférieure. On the east it is bounded by the Department of the Dordogne, on the S.E. by that of Lot-et-Garonne, on the south by Landes, and on the west