

thing, my young friends, you should not forget. You need not be attached to a big laboratory or live in a town counting its inhabitants by millions to become famous and a benefactor to mankind. Robert Mayer was a physician in a small town in South Germany, like McDowell and Marion Sims in America.

Conrad Martin Johann Langenbeck (1776-1851) was professor of anatomy, surgery, and ophthalmology. He extirpated the uterus several times and improved the technique of amputations, of ligatures, of lithotomy, of cataract, and pupil operations. Of all these clinical feats I saw specimens in his clinic. It must strike you that there are men alive to-day who antedate antisepsis and asepsis, and you wonder at the kind of results obtained by men who worked in the anatomical and the surgical theatre the same day, and every day of their lives. What at those times you could have seen all over the world, however, I participated in myself. For when I was professor of the diseases of children in the New York Medical College, 1860-64, my surgical colleague was John Murray Carnochan (1817-1887). I admired him much on account both of his learning and his dexterity. In one respect only we disagreed. I saw a great many cases of diphtheritic croup forty-five years ago and performed many tracheotomies. It was nearly thirty years before the era of intubation. Once, in a faculty meeting, he inquired: "Does Jacobi not cut too many throats?" Still, he was a great surgeon, indeed, who ligated (1851) the femoral artery for elephantiasis, excised (1850) the second branch of the trifacial nerve centrally from Meckel's ganglion, resected the ulna (1853), wrote on hip joint luxation, on lithotomy and lithotripsy, and on congenital luxations (1850). Carnochan dissected the dead body and operated on the living in the same amphitheatre, on the same table, in the same purple gown, on the very same day.

Now, to return. When I arrived in Göttingen, September, 1848, only fifty-seven years ago, the story was told of an English surgeon who was a guest of Langenbeck's. A femur was to be amputated, the patient on the table; Langenbeck took the knife and the Englishman his spectacles to adjust them. When he was ready to look on, the thigh was in the basket. Rapidity, at that time, stood as high as safety at present, indeed, rapidity was demanded for safety. Remember, however, there are those at present who assert that safety would be greater to-day also if the temptation of losing time over anaesthetising and operating—mainly the former—were not so great, and the respect for myocardial degeneration and for the jeopardy of the splanchnic nerve not quite so small.

As it was my object to make you acquainted with really great men only, whose memory should be gratefully preserved by all who are