

ests, (would that their successors had continued to be as scrupulous!) they threw their whole earnings into one common fund, and, by a contract of association, their books, furniture, food, merchandise, furs, and the fruits of the earth, instruments of surgery, medicines, and their whole revenue; and also contracted that none of them should go into debt for a greater sum than five coppers, and that, only in case of urgent need. At the end of four years their books were balanced and each one received an equal share. It was also stipulated that if either of them died before the expiration of the term, all his interests belonged to the survivors. Those men, and their early successors have passed away, and so arduous was then the struggle for existence, they have left no written record. Pale faced women from old France exercised the healing art more than two hundred and fifteen years ago, when Nova Scotia, New Brunswick, and Ontario were unexplored wildernesses. At two spots—Montreal and Quebec—were they to be found, screened by palisades from the Iroquois—warding off their encroachments with the one hand, and with the other, by kindness giving evidence of their love of Him who healeth our diseases and redeemeth our life from destruction.

The science and art of surgery have been so steadily progressing since then, that I know not what most to draw attention to, in the few remarks time will permit me to make. The field over which my thoughts have wandered, in making a selection, is vast and varied. It embraces the accumulation of many thousand years of patient toil, each country—even our own—adding something to the general store, till it approaches a precision, and a definiteness, a completeness, not yet—perhaps never to be attained, by her handmaid medicine. Knowing well I speak in the presence of men, older, wiser and better instructed than I am, I shall limit myself to a few, a very few subjects of general interest—subjects concerning which, somewhat favored circumstances enable me to speak with a moderate degree of confidence, *avec connaissance de cause*. And in doing this I shall go but little beyond, and in most instances keep within the period that has elapsed since the organization of this Society in Quebec, eight years ago.

Since that organization chiefly, the views regarding inflammation have undergone modification, and most important advances have been made in the treatment of inflammations generally, and of the inflammatory fevers consequent on traumatic injuries and surgical operations. A word or two will explain this position. If a man of health be rated at par—to

use a commercial phrase—the maimed, the injured should not, ought not to be considered as above that desirable condition, to be reduced to, or below it. Far otherwise is the treatment generally to be followed, and many surgeons now seek to raise rather than to depress, the already weakened vital powers, by nutritive food, tonics, and if need be, by stimulants, and in some cases, by the transfusion of blood. The anti-phlogistic treatment of inflammation bids fair to be soon consigned to its last resting place, and I shall be happy, if, with my feeble voice, I am permitted to aid in singing its *requiem*. The early local employment, by the Prussians, in the recent Franco-German war, of warm water instead of cold, is a recognition of that principle, and of the necessity of avoiding any depressing agency. Experience taught them that in bruises, wounds, ulcers, fractures, &c., warmth was far more grateful to the sufferer, and patients did better under its early use.

Almost coeval with the existence of this Society, the means of arresting hæmorrhage attracted renewed attention from Sir James Simpson's efforts to substitute Acupressure for the ligature, which, since its introduction by Ambroise Paré, in the 16th century, held supreme sway. In the large hospitals of Europe and America, its use is become more and more general. Surgeons are now desirous of closing arteries so effectually as to check any hæmorrhage, (which ligature certainly does,) yet leave no foreign substance attached to, or semi-detached from, the living vessel; to leave no sloughing or suppurating wound to wash away a dead piece of artery and the now useless ligature itself. Thiéry, Amussat and Velpeau endeavoured to accomplish by Torsion, and Simpson by Acupressure, what Fleet Speer has accomplished by the Artery Constrictor—a method which seems to possess many of the advantages of acupressure, and none of the disadvantages of ligature. While each of these methods has special advantages in certain cases, the time, I believe, is not far distant, when the ligature will be laid aside by others—as it has long since been by myself. The temporary employment, in anæmic subjects of acupressure before or during an operation likely to be accompanied by much hæmorrhage, is an expedient of value—preferable to the aneurism needle—and is quicker and safer of application.

*Anæsthetics*.—More important still than the question of hæmorrhage is that of *anæsthesia*—and one which is now attracting much notice. We, in Canada, follow the practice of the British in the use of chloroform in preference to the safer anæsthetic—Ether. The circumstance that the number of deaths from chloroform is greater than for-