Original Communications.

The Endoscope of Dr. Cruise, of Dublin. By FRANCIS WAYLAND CAMPBELL, M.A, M.D., L.R.C.P., London, Professor of Physiology, Medical Faculty of Bishop's University, Montreal.

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It is an old adage, that every dog has its day. In medicine we may apply this to not a few remedies that have been ushered into notice with a flourish of trumpets, as if their power was sufficient to make them a panacea for all the ills to which the flesh is heir. Mechanical genius has given many aids to the surgeon, in pursuit of his calling. The laryngoscope of Czermack has brought that portion of the throat, previously beyond his sight, plainly into view; the ophthalmoscope of Helmholtz enables the occulist to examine the pathological changes occurring in the deep structures of the eye; while the revival within a comparatively recent period, by Recamier, of the long-forgotten speculum utero, has been a perfect mint of wealth to those who recognize in the uterus the *fons et orgo mali* of nearly every ailment which occurs to the female subject. All these instruments are to-day in general use, principally, of course, because their employment has lead to very great improvement in the treatment of the diseases, for the discovery of which they have proved so useful, but, also, because they are readily employed and do not take up a great deal of time. The endoscope, upon which I desire to say a few words this evening, has many claimants for the honor of being its discoverer. Upon the merits of these various claimants I do not propose to enter. I shall simply satisfy myself by saying that, early in the present century, there is evidence to show that an instrument, somewhat like an endoscope, and called "*a light conductor*," was in use. Any disposed to study out the early history of this question, I direct to an article in the *Philadelphia Journal of Medical and Physical Science*, 1827. Some twenty years ago, however, Desormeau issued in Paris a little work on the endoscope, which attracted some attention, but his instrument had many serious defects—one being insufficiency of light—and the opposition he met with was so very great that its employment was limited. Still, his patient working paved the way for the improvements of later years. Twelve years ago the attention of the English profession throughout the world was directed to the endoscope, by the efforts of Dr. Cruise, of Dublin, who, at that time, produced an instrument far superior to any previously invented. It was said "to enable surgeons to see parts which, without its aid, were wholly beyond the reach of vision!" One year later, viz., in 1866, being in Dublin for two weeks, I had the pleasure of forming the acquaintance of Dr. Cruise, and see him use his endoscope in several cases. I had thus vividly brought before me the usefulness of an instrument which at that time was attracting great attention throughout the British Isles. To show the importance of this instrument, it is only necessary to contrast the position of a physician called upon to treat a malady which it is possible for him to see, and one hidden from view. As an example, let me take a diseased eye and a diseased urethra. He will not content himself by simply *looking* at the eye, and calling it an ophthalmia. Certainly he will not, if he be a conscientious and a careful physician. On the contrary, he will examine the lids, the conjunctiva, the cornea, sclerotic, anterior chamber, lens; and, if needs be, he will take his ophthalmoscope and investigate the vitreous humor and retina to ascertain what structures are engaged. I need hardly state the amount of information such an investigation would afford, both as to the seat of disease and its nature, whether traumatic, catarrhal, arthritic, syphilitic, or scrofulous. In fact, such an investigation will lay the foundation of a correct diagnosis, a truthful prognosis, and a rational treatment. In contrast, let me for a moment sketch the position of the surgeon in a case of ordinary gleet. In many, perhaps in most instances, he can only guess, by uncertain symptoms, and perhaps unreliable antecedent history, whether the discharge arises from simple catarrh, from chronic inflammation, from a relaxed mucous membrane, from syphilitic ulceration, from a granular condition of a portion of the canal, or from several other causes which might be named. In his uncertainty, his treatment must, as a necessity, be empirical, and his prognosis unreliable, for he cannot tell