

utterances of some generally recognized master of a bygone age in contrast with what we are able to note as to the present state of the art.

For this purpose allow me to call your attention to the address on surgery delivered before the British Medical Association, at its annual meeting in Leamington, in August, 1865, just twenty-seven years ago, by James Syme, at that time Professor of Clinical Surgery in the University of Edinburgh. It is but natural for me to select this address as my text, first, on personal grounds, having had the privilege of enjoying, as a student, an intimate acquaintance with the author: and, secondly, because it is of the nature of a review of the progress of surgery in a given period, viz., forty years, as it appeared to one who deservedly stood in the very front rank among the teachers and apostles of the art and science of surgery during the whole of the epoch covered by the address, one whose doctrines are to day quoted with respectful consideration at least as frequently as those of any individual who has ever taught surgery, unless, perhaps, with the single exception of John Hunter.

The whole address is characteristic of the man and of his life work—plain, direct, uncompromising, earnest and practical. "For he taught them as one having authority and not as the scribes . . . and a great multitude followed him."

I will try to select a few of the most suggestive points in this address for our present consideration.

Of course the dressing of wounds is one of the most interesting topics referred to, and in that connection the old method, which consisted in hermetically sealing the edges or cut surfaces of a wound and retaining them in that condition for a certain definite orthodox period of time before changing the dressing, is condemned, the result of this treatment being a total prevention of union by first intention. "To avoid this great evil," says the writer, "I advised that the edges should not be brought together until the bleeding had ceased, and that there should be no impermeable covering placed over them. The principles which I thus endeavoured to establish are now, I believe, generally recognized in practice."

It was in accordance with the eternal fitness of things that his own son-in-law should have been the one to take up this subject where Syme left it off, and to have worked out all those theoretical

and practical details of wound-dressing which are now so universally known and practised under the title of antiseptic and aseptic treatment. Without pausing to discuss the merits of this much debated and somewhat hackneyed subject, from either an abstract or practical point of view, we must all admit that the industry and faithfulness with which it has been worked out, have brought forth good fruits of a practical character and have certainly entitled their distinguished author to all the credit and honour which has been so abundantly showered upon him by a grateful and appreciative profession.

Moreover, we are in a position to claim for the results of our wound treatment to-day a degree of safety and efficiency, which Mr. Syme would be the first to recognize and applaud if he could have the opportunity of observing it.

In discussing the subject of articular disease, rest by means of the long splint, counter-irritation by means of the actual cautery, and in the advanced cases resection of the articular surfaces, together with general tonics at all stages, comprised the treatment recommended. Thanks to the teaching of American surgeons, under the leadership of Dr. Louis A. Sayre, of New York, we are able to claim a material advance in this department of practical surgery. Rest and extension by weight and pulley—compression and protection—as well as rest by well-fitting plaster of Paris casts, extension splints and braces of various kinds, the free use of tenotomy, early opening and scraping out of all tubercular matter and other injurious debris from the affected joint with or without removing the osseous surfaces, all these have been added to our resources since Syme's day, and it is worthy of note that the operation of resection of the hip joint, now so successfully practised in suitable cases, does not seem to have ever been taken into consideration by him, or anyone else at that time, at least in Europe.

The operation of subcutaneous treatment of loose cartilages in the knee joint, is mentioned as a safe and easy method of treatment, but with our modern safeguards against septic infection, we don't hesitate to cut right down in any case of the kind, remove the offending body and close up the wound, just as we would do in any other part of the body.

For the arrest of hæmorrhage, the use of the