

success; and Mons. Péan claims for hysterotomy—partial or entire—a place among the regular operations of surgery. Even the gravid uterus, as it does not escape the inroads of disease, does not escape the knife; and in the early months of pregnancy the diseased os has been excised, and the patient has gone on till the full term of gestation.

I have not the courage, Mr. President and gentlemen, to detain you longer. While the science of surgery has undergone some changes, and the art has been advanced, simplified, improved, I must needs be content to lift a mere corner of the veil to obtain an imperfect glance at the more recent important changes—changes so recent as not yet to be embodied in works on systematic surgery.

And what share has Canada in advancing surgical science? Canada would seem to be a crucible in which German, French and British science is reduced to practical value, and made to serve as a foundation for our art. We, less deeply learned, less philosophical than the first, appropriate, and know how much, and how far, safely to appropriate those seeming truths, a knowledge of which had been acquired by patient methodical study, which, in our altered circumstances we are not yet able to conduct for ourselves. Less scientific than the second, less deeply versed in those laws they interpret so well, the immutability of which is the basis of all science, yet withal less speculative. With less leisure than the last to acquire knowledge *for its own sake*, we have time to seek only for its practical application, for it would appear that we, like Cato of old, estimate everything by what it produces. Even liberal knowledge with us is made to become *useful* knowledge; is exalted into *scientific* excellence, looks for a result beyond itself, thence glides into an art, and is made to terminate in tangible fruit. In a word, we leave science not much higher than we receive it, but we leave art certainly no lower. And while most, if not all the achievements attained by means of manual dexterity and correct anatomical knowledge by our transatlantic brethren, have their counterpart here, the general laws on which are based certain principles and relations are, perhaps, less commonly understood. But this need not be matter of wonder. Separated from the busy teeming world of intellect, and placed where the struggle against external influences, like Darwin's animal creation, is keen and life long, if then, in this infant colony, we have not advanced the healing art, we have in no wise retarded it. The denizens of Paris, London, Vienna, have no adequate idea of the toil and fatigue endured by the early pioneers of this country, who sought to bring, to

the maimed and the wounded, the comforts of surgical aid. With what rude implements were fractures set, dislocations reduced, and limbs removed. With, in country districts, forty or fifty miles intervening between surgeon and patient, representing almost as many hours of painful travel, those were not the days of conservative surgery, and many a person has hobbled about for the rest of his life on the dried trunk of a young sapling, whose leg would now, in any town or village in Canada, be preserved to him. The experience of old Nathan Smith is that of most men who have seen something of country life, where a goose quill has been improvised as a female catheter, and where amputation has more than once been neatly and quickly performed with the axe or adze, or chisel and mallet, for toes and fingers; and for the arm or leg, a jack-knife for the soft parts, and a wood saw for the bone. Let us not censure the chirurgeons of that period for their rough but well-meaning attempts. They were necessary, and suited to the circumstances in which they were placed.

Eighty-two years, Canada at the time a wilderness, with here and there a village, there existed not a medical training school on this vast continent. Now they are met with in every State of the adjoining Union; and in this Dominion alone there are something like a dozen, each vying with the other in claiming to advance the status of the profession. Every district has its well educated practitioners, some, indeed, of marked ability, while the large towns as Quebec, Toronto, Halifax, Kingston, St. John, Hamilton, Chatham, have hospitals with efficient staffs. Montreal has two, and numerous dispensaries, besides her three medical schools, and were a stranger to visit either hospital, both of which private charity has reared, he would see nothing in the appointments to remind him he was not in the famed *Krankenhaus* of Paris or Vienna. The strides in material prosperity have been almost unprecedented in this Dominion, and the progress in surgery and medicine has been coeval, the best illustration of which is the circumstance that each has its special follower; and while practitioners in the first division are content to be imitators of their transatlantic brethren, some (*quorum parva pars sum*) are so bold as to believe that operations, even the most hazardous, are here performed with a dexterity, a *sang froid*, not inferior to what are witnessed in more favored Europe, and with a success, with modesty be it said, quite equal.

I have been almost tempted to place, and group in relief, certain features of surgical interest which Canada has had some small share in forming and in