

applied to the larynx. Who doubts it now? The same may be said of Sayre's assertion discredited at the time, that after excision of the bones of the hip or knee, the joint could be so arranged that the little patient might be borne from one place to another without discomfort and without injury. Many of you have seen Sayre's work.

Were I disposed to dwell on American surgery I could greatly multiply instances of this kind, but that is not my purpose. I shall merely add that it must be apparent to readers on this side of the Atlantic and to those who have visited the western hemisphere, that the American surgeon arrives, in his own way, and with marvellous celerity, at the chief points in a case—at its gist, its essence so to speak—by a process which may not be strictly logical, but which is rather of the nature of an intuitive intellectual judgment or perception. He seems to recognize truth, or something he takes to be truth, without the necessity of any elaborate process of ratiocination. This marked quality in the American mind renders him prone to eclecticism, not alone in medicine and surgery, but in philosophy, and even sometimes in matters of theology.

Though the principles of our art are independent of nationality, there are conditions peculiar to the different parts of the earth's surface which must be taken into account by surgeons, and which to a greater or less degree modify practice. The relatively greater freedom from death which Valentine Mott, more than half a century ago, claimed for surgical operations performed in New York and Philadelphia, I claim, and more advisedly claim, for operations performed in the larger cities of Canada. The inflammations which sometimes follow surgical procedures with us are indeed accentuated, and are marked by much elevation of temperature; but the character of those inflammatory processes is of a simple sthenic type, and not of that irritable form which so often perplexes

hospital surgeons in the larger centres of Europe.

The climate of Canada has much to do with this. In many parts of Great Britain, mortality, from all causes, increases with the decrease of temperature; with us the reverse is the case. Our winter season, with the temperature of St. Petersburg, is the healthiest; spring and autumn come next in salubrity; while the largest mortality is in July and August, when the temperature is that of the same months in Paris. At certain seasons the atmosphere is so dry that the meat of the buffalo and the red deer, when cut into strips and dried in the open air, may be reduced to powder, forming the pemmican which often alone sustains the aborigine in his wanderings. When you add to this condition of climate the simple frugal habits of the people—well fed, well clothed, well housed—living in a land where, as in Longfellow's Acadie, "the richest are poor, and the poorest live in abundance," you have a sturdy, energetic race displaying much power of resiliency when their injuries demand the intervention of the surgeon.

It is, moreover, a people subject to few ailments, and these are of a sthenic inflammatory type. Thorough acclimatization is found to confer additional immunities. Those who can count the greater number of generations born in Canada are the healthier, while those undergoing the process of acclimatization do not suffer in the progressive state. These remarks do not apply to the descendants of the aborigines who have been allied to the whites. The inflammatory affections met with in the Metis, whether of the French with the Huron or Iroquois, or of the Scotch with the Cree, are for the most part of a strumous type, presenting but few of the characteristics of those affections in either of the unmixed races.

Aneurisms are not common in Canada; chronic rheumatic arthritis is seldom met