Applied particular to Surgery and Phisic but found it by Nature.

Thesis.

"Nature" in the prevention and cure of disease.

Wm Jones, M.R.C.S., Eng.
"Nature in the prevention and cure of disease.

"A duplce errore igitur cæreve spòrat, neque nisi in nature spórena, neque nisi religiosae saevo. Tantum enim abest ut semper illius vestigia premere convieniat, ut sapientesse sit contrarium prorsus iter benevit, contràque ejus conatus summa opera miti."

It is utterly impossible to develop all the nice intricacies of the healing art or successfully to dispense its numerous blessings, without a strict and perpetual reference to the established operations of nature. While she pursues her course, with uniform regularity, and while her operations are uninterrupted men enjoy health. The astrologer retorts, that the lot of his profession is extremely hard, when compared with that of the physician. "Sicce, if he commit an error, by making a wrong calculation, heaven discovers it;" whereas, if a physician be guilty of a blunder, "the earth conceals it."
The patient dies, is buried, and is heard of no more. The branches of medicine—cannot be distinguished; it is impossible to understand what may be called "medical," without learning much which is strictly "surgical." Now can one be ignorant of either without being in many important respects deficient in the other also? It can be demonstrated by a reference to statistical documents that in proportion as the different branches, which form the foundation of the science of medicine, have been improved, so in proportion has the duration of humanity been increased. It is a fact, capable of demonstration, that since the healing-art reached that point of cultivation, which has entitled it to rank among the sciences, disease has been gradually decreasing, both in frequency and fatality. And it is equally capable of demonstrating that the degree of perfection, with which anatomy has been studied, may be safely taken as the rule by which the progress of all the branches of medicine may be
ascertained, and on what else should it depend? How much does a watch-mender know about a watch, by counting its beats and looking at the outside? As anatomy has been encouraged, so have medicine and surgery progressed. Whenever dissection was forbidden, surgery declined; and in the present day, the schools of medicine, in which dissection is most liberally practiced, send out into society physicians and surgeons, who seldom fail to prove, in after-life, the accuracy of D'Ailly's assertion, that "the dead body is that great basis on which we are to build the knowledge that is to guide us in distributing life and health to our fellow creatures."

The student of the present day has everything in his favor for obtaining a sound knowledge of the principles, which ought to guide him, if he will only adhere to them in practice and although he may have to contend against the prejudices of the alumni of former years. Let no man regard his education in any but the most general aspect.
Born if he intends to be a "specialist" in after-life, let him make himself fully acquainted with all the branches of science which pertain to his calling. Never for one moment of our career ought we to lose sight of the intrinsic value of each human-being - man, woman, or child - who applies to us for assistance. Our lot may be cast in the crowded hives of human industry, or we may minister to the defenders of our country by sea or land; it may be our destiny to stand before nobles and the rulers of this earth, or in slowly-wroughted or hospital-ward to pursue our beneficent calling.

A student is apt to devote too much time to the study of one branch of medical science in preference to others. He should not aim to be an anatomist, a physiologist, a pathologist, a chemist, a stethoscopist, or a microscopist, but to be all combined.

Speaking of medicine, says an eminent physician, "The art has of late years been undergoing a great revolution. It is
daily becoming apparent to those who observe in a spirit of sincerity and truth, that much of the practice of our profession, which has resulted from what is called experience is altogether incompatible with the existing state of our knowledge — that in consequence it requires a thorough revision — that the system and nosologies of our forefathers, though useful in their day, no longer apply, and that a new field of labour is now open to those clinical students who are anxious to identify themselves with the progress of medicine. It cannot fail to strike all those who have paid any attention to modern medical education that, whilst physiology and pathology have been making rapid advances, our previous impressions of the action of drugs and of various modes of treatment have become altogether changed. Whilst we were ignorant of the structure and functions of an organ or tissue — so long as we confounded together causes and results — so long we were especially apt to be led...
astray by futile efforts at cure. But having once established, on indubitable data, what is really fact—what is the true law governing the progress of a disease—in how many instances does it then become evident, the means employed for its removal are feeble or altogether ineffectual. This has now occurred so extensively—systematic works on medicine are so at variance with books on physiology and pathology—The practice of the professor is so discordant with the theory—that many intellectual inquirers among us take refuge in a universal scepticism, as to the action of drugs, leaving—everything to nature—and merely adopt what is called in Spain an expectant treatment and in Germany “Sphilitismus.” Nay, it has even been contended that our remedies, so far from doing good, in many instances do positive harm, and that it is safer to trust to nature than to the physician.”

There never was a period in which so
many questions of grave importance agitated the minds of the profession; and called for earnest labours in the field of investigation, as at present. Opinions are still divided upon the great blood-letting and alcohol controversies. Nothing is definitely settled as to the administration and the mode of action of alcohol in disease. Recent researches discredit the hypothesis that alcohol is to be regarded as food in disease, and show that in the moderate quantities in which it has lately been the custom to administer it, its tendency is to disturb all the vital functions and counteract the body's mediating nature. During my apprenticeship I had great faith in remedies which I was taught to administer, in individual cases, by my late respected master, but now I find that as my knowledge of my profession increases my credence in many things is gradually becoming less. It was written, pleasantly and not without truth in reference to the general call for
Treatment of some kind, and the ancient therapeutic faith, which is now-a-days so common.

"Seven wise physicians lately met, to serve a stretch'd dinner; one Tom says Jack, pray let's be quick, or I shall lose my dinner." The consultation then begins, and the case of the patient is stated, after which follows "Some rhubarb, I say some, and some a classification for Dover; let's give him something, each man said—why 'e'm lets give him — over!"

Surgery, however, has a better foundation, and happy are we who have the advantage of the well-digested results of the experience of those who have laboured in extensive practice for a long period of years. Formerly, in the treatment of simple wounds, surgeons were rude and cruel. Instead of bringing the edges of the wound together, and keeping the part at least, and endeavouring to obtain immediate
union, as is practiced in the present day, the wound was filled with dressings and acid balsams or distended with leaden tubes, in order to force the wound into a painful suppuration, which they considered necessary to effect a cure. In those days, every flap of skin, instead of being reunified, was cut away; every open wound was dressed as a sore, and every deep one was plugged up with a bent bone. In compound fractures, they thrust their dressings between the ends of the broken bones. And all these errors of practice arose from false pathology and physiology, from a misapprehension of the real nature of inflammation and a non-recognition of what we all now know to be the great truth in such matters that inflammation is not merely not essential to healing a wound, but directly antagonistic to it and that the tendencies of inflammation, however excited, are almost invariably to destroy and very rarely indeed to heal. Of course under
the old theory inflammation was encouraged as a friend just as it is now contended against as an enemy.

"In nature (as Mr. Whilston says) there is a uniformity of design, or the adaptation of means to ends, in reference to the details of the several parts of created entities. The human mind seems to have been endowed with an instinctive yearning after unity, and it seizes rapidly and fixedly those ideas or facts which tend to simplicity or oneness — to a whole consistent in all its parts. How striking is the uniformity of crystallization to the early enquirer into chemical and geological phenomena! So with the study of botany, as he unravels the apparently diverse structures of a family and slowly discovers the underlying development of its component parts, in respect of number, position and arrangement, for its functionalization in every individual member. The delight which he experiences arises, not so much
from the recognition of the details as from his having grasped the idea of a harmonious plan. If an unfertilized egg be placed in favourable circumstances we know that the embryo will be developed and ultimately a perfect animal. So in disease, when obstacles are removed and circumstances are made favourable, nature herself will cure disease. We are mere instruments, to follow in her footsteps and aid her efforts, being careful to avoid the "minia diligentia"

Disease is the natural result of man's folly and of non-observance of certain well-defined and established hygienic laws of nature, which if only carried out must of necessity insure health. When the public is made fully aware of the extent to which health may be preserved and disease averted and mitigated, by a knowledge of hygiene and physiology, the practice of medicine will assume a very different aspect from that which it exhibits in its present unsettled state.
The physician will be then more frequently consulted, on the means of preserving and improving health, than for the treatment of disease, as is almost solely the case at present. On looking at statistics we find that between one-third and one-half of all the children ushered into the world die within the first five years after birth, from mismanagement and the neglect of hygienic means. The grand principle, then, which both parents and medical men ought to have ever before their eyes, is that life was not intended to be extinguished at its very dawn, and that its early extinction, wherever this occurs, is from the operation of previously existing causes, some of which might have been discovered and removed, while others might have been, if not entirely, at least partially counteracted. "The death rates of young children are among the most important studies in sanitary science, not only on their own account, but as affording a very sensitive test of the sanitary circumstances of the district. Where infants
are most apt to die. The survivors are
most apt to be sickly; and where the children
struggle through a Compassionate childhood to
realize an abortive puberty, they beget a
still sickerer breed than themselves—less
capable of labour, and less susceptible of
education— feeble in body and mind. A high
local mortality of children almost necessarily
denotes a high local prevalence of those causes
which determine a degeneration of the race.

Unfortunately there is a common tendency
to consider disease as an extraneous—
something thrust into the system which
must be expelled by force before health can
be restored, and with which the mode of
management has little or nothing to do;
whereas disease is merely an aberration
from the regular mode of action of an
organism, generally caused by the neglect
of the laws of health and often to be put an
end to by returning to a right course.

The consequence of the above error is,
that on the first symptoms of disease,
medicine is most resorted to for its expulsion,
while the cause is left in undisturbed operation. The evil is consequently aggravated instead of being removed, and many are thus destroyed by medicine who might have been restored to health by patient and well-directed care without the aid of the apothecary.

"Nature attaches much importance to the attainment of physiological rest as exemplified in the marvellous provisions which she has made for it in the animal and vegetable kingdom, and wonderful and efficient, yet simple means adapted to the same end, are enjoyed by the several organs of our highly complex system."

By the attainment of rest we remove a cause of disease and allow nature to carry on her reparative efforts and restore morbid parts to a healthy condition. The distribution of nerves in the animal economy is a wonderful instance of design. The importance of rest will be manifest to every one, on carefully studying our nervous distribution.
The art of surgery consists in assisting nature — by removing everything injurious and by supplying her with what is wanting to perform a cure. Nature always aims at preservation and not at destruction, although she may frequently pursue a round-about course to achieve her object. The chief duty of the medical attendant is to watch for an avert the tendencies to death. It is a common question. How long does such and such a disease take to get well of itself? Not an unsolved answer is. Oh we don’t wait to see what nature can do towards a cure, but we step in and supersede her. I am quite sure that many a limb is amputated where nature, with our patient and well-directed assistance, would perfect a good cure and leave the patient with a very useful limb.

Case: George J. was admitted into the Wm. Infirmary with a compound fracture of the leg, the fracture of the tibia extending into the ankle joint.
This, indeed, was a very formidable accident and would be considered sufficient to justify immediate amputation of the leg. A small piece of the tibia which was protruding was removed, and the limb placed in a good position and carefully watched. The patient recovered with a very useful limb, and is now able to follow his employment—an engine fitter. Irrigation was very beneficial in this case. Whilst I was acting as House-Surgeon, to the W—— Infirmary, I had the two following cases under my care. Case. Patrick M'G—— was admitted with compound fracture of right leg, caused by the falling in upon him of iron—ore. The tibia and fibula were both broken, and there were three or four wounds of the soft parts. The man being very temperate and healthy it was deemed prudent to leave on the limb. The wounds were dressed and the limb placed in a good position and carefully watched. He recovered in about two months.
with a limb almost as good as the other case. Thomas S. — admitted with fracture of the base of skull (with strabismus of right eye, which was probably dependent upon injury to the sixth nerve which runs along the exterior of the petrous portion of the temporal bone and supplies the external rectus muscle) fracture of the right clavicle, and both fractures with wound of the soft parts, through which one end of the fibia — ultimately protruded. He man suffered from concussion of the brain and spinal cord for some time and probably death would have taken place if the limb had been amputated on his admission. He improved and continued to do well for some weeks, but, unfortunately, in consequence of the low vitality of the parts, sloughing took place at the back of the sacrum. The daily dressing of the bed sores disturbed the limb so much that amputation was obliged to be resorted to in consequence of suppurating threatening
to exhaust the patient. The limb was done surprisingly well, and the preservation was lost for, until the frequent movement excited suppurative inflammation.

Irrigation was used in this case with good effect.

I am induced to think that notwithstanding speedy amputation may be necessary and right in great hospitals and crowded cities, yet this ought to be no precedent for country practice, which certainly points out that much more might be expected from the resources of nature than some imagine, and we will acquire more reputation by the discerning part of mankind, in preserving a limb, than by cutting it off.

The word operation makes a great noise, and because it is so and so is operating every day he is considered a grand surgeon, but in my humble opinion he who has the best number of operations and relies more upon the powers of, and argues, nature, is the great surgeon. Success is not due to the performance of an operation, but to the
after treatment—watching the case—obtaining a good position and rest of the part.

For a surgeon great genius is not requisite as it depends only upon a knowledge of anatomy and a practical dexterity of the hand; for do not young surgeons, of no great ability after some trial upon dead bodies, perform operations with the greatest success? And we see the safest operations are daily performed upon brute animals, with a dexterity that cannot be excelled by those who perform operations on the human subject, and yet there are men weak enough to lessen themselves and their profession, in thinking that a dexterous application of the knife characterizes a good surgeon.

Conservative surgery, as it has been called, has of late years been more attended to and cultivated with more assiduity. We do not now make use of the cumbersome pieces of mechanism which were formerly employed in cases of fracture; nor do we make use of constraining means, but—endeavour to place the limbs in an easy,
comfortable and natural position—anatomically and physiologically considered.
The treatment of ulcers is greatly improved, and I may say is now almost perfect.
I believe the credit of simplifying the dressing of ulcers is due to the late eminent surgeon Mr. Liston.

We ought to apply our minds to the means by which diseases may be cured without the assistance of the knife, of course the opening of abscesses and sinuses being excepted. If this only be attended to we will find that capital operations will decrease in number, and when an operation is performed, we will better know how to treat the patient, for a true knowledge of the cure of ulcers is required. Whenever there is a solution of continuity there is an ample field for the exercise of genius, and an enlarged mind will always have infinite pleasure in learning from nature, what way she would adopt in bringing about a cure and what methods are best suited to assist her. This kind of knowledge will distinguish us from those
Those chief aspirations are confined to the narrow limits of handling a knife.
We know that for most fractures in the body, if we could only ensure perfect rest of the part, no application whatever would be necessary, but this we cannot be certain of obtaining. Therefore we apply bandages and splints.

I think men trouble their heads too much about the action of certain muscles in displacing the ends of broken bones; I do not in my part believe that the muscles act in the violent manner supposed. I admit that you may make them contract by extending the limb—tension being the natural stimulus to muscular contraction. In "setting" fractures it was customary, and is still so with many, to extend and keep in extension of the limb. I had personal experience of this extending process from time to time, when I was myself the subject of a double fracture of the thigh-bone. In reducing fractures we ought to attend more to the position of the
linds, and not Thirdly extend it - it has been proved to be quite unnecessary.
we are going back to the kind of treatment
adopted in the time of Peruvian Pitt.
As in most things so in Surgery, there is the "circle of changes" and as nothing is new under the Sun, we are constantly
growing towards the completion of the circle
by our re-arrival at the starting point.

Nature is ever ready to protest, and
present disease in, that beautiful and
complex organism of his - the animal economy.
When disease is about to commence, what
does she do? Data for mischief a joint
which is becoming inflamed. She causes
pain to be felt on moving the affected limb,
and this points out, as clearly as she can,
the simple, though efficient means, treatment
which ought to be adopted, namely "Rest."

An inflamed joint becomes more or less
voluntarily fixed and fleeced, by nature's
own splint, in order to secure rest of its
inner surface. This fixed and fleeced
condition is not caused by the efforts of the
patient, but is entirely involuntary, and it has been proved that this position of the limb is not the most comfortable for the patient, and free from pain, but the contrary; it is in consequence of the nervous and muscular arrangements, which secure harmony of action. Such completeness will be found in any part of the animal machine, displaying the wisdom of Him who made it.

It is not true, as is shown when the "long splint" is applied in cases of hip-joint disease, that the flexed position is the easiest. When the hip-joint is diseased it is flexed, and it is often in a very painful state; but when the femur is put straight, so that the flexed condition is destroyed, the patient from that time is free from pain, and it will generally be found that he has rested much better, during the first night after the application of the "long splint."

If we examine a muscle, says Van Den Thom, the biceps (flexor cubiti) or any other muscle
of some size, and trace the motor nerves distributed to it. The slightest microscopic examination will suffice to show that the branches of the so-called perforans carsei (musculi cutanei) which pass into the biceps, contain several hundreds, and thousands of primitive filaments;* from the same nerve the brachialis anticus also receives its motor nerves, whereby this number is again considerably increased. The peculiarity however of these muscles is, that we cannot move either separately; they form one of those systems of which some still more extensive examples are to be found in the body; it will suffice to mention the rectus, accessorius and so forth. When we bring the first mentioned muscles into action, all the fibres belonging to the system to which they belong become proportionately bent; we are not able to flex the biceps and to leave the brachialis relaxed, or vice versâ; but whether it be with slight force, or whether it be with a violent effort, the influence of our will is proportionately communicated to all the
muscular fibres — a cooperation absolutely necessary to enable the muscles to render us the service of which they are capable.

The power of producing a partial contraction of some muscular bundles would have been perfectly useless, because, in these muscles a part could have no other action than the entire organ, namely to flex the fore-arm; the orders of our will must, therefore, be uniformly distributed over all the muscular nerves entering into the brachialis anticus and biceps. Nature’s arrangement is simple, beautiful and efficient. The same trunks of nerves where branches supply the groups of muscles moving a joint furnish also a distribution of nerves to the skin over the insertions of the same muscles, and the interior of the joint receives its nerves from the same source. It is evident that this must secure an accurate and co-ordinated physiological harmony among various co-operating structures. When the hip-joint is inflamed — in the
first stage of hip disease - you never find the limb extended but fixed on the trunk. The patient's body likewise bent a little forward and slightly adducted. The reason of the latter is, in all probability, due to the action of the powerful group of adductor muscles, which gets its nervous supply from the obturator nerve - the same nerve which supplies the joint. This shows beautifully the arrangement for securing coordinate movement. When the interior of a joint is in an inflamed condition, or in a state of irritation, this influence is carried to the spinal-marrow and thence reflected through the medium of the associated motor nerves, upon the various muscles of the joint.

It is impossible to secure rest of the hip-joint unless we obtain rest of the entire limb; if the ankle is moved, it disturbs the knee joint to a greater or less extent; the knee bears a similar relation to the hip joint.

The best means of obtaining rest of the hip-joint is the "long splint," we thereby
remove irritation and allow nature to restore the joint to a healthy state.

Case. George D., aged six years, fell down stairs, on the 24th January 1860. Soon afterward he began to complain of pain in his hip, and his "hip was out of shape". He was supposed to be suffering from partial dislocation. I saw him on the 5th of May 1860 and recognized his case to be one of incipient disease of the hip joint. I recommended the long splint, and strongly warned his parents against applying to a "bone setter" or have it put right, which they were very much inclined to do. The long splint was kept on for about ten weeks, and was then removed, but he was still made to keep his bed. His general health improved much, and he was allowed gradually to go about with crutches. His father, in writing to me, says, "He was not allowed to bear his own weight, until we got crutches for him, which he has used up to about three months since, when he threw them
away, and is at present as healthy, strong, and active as any child in England. This case took about fifteen months before a cure was effected.

Case. Robert R—aged seven years. I was asked to see this boy in July 1862, and found him to be suffering from incipient hip disease. He was suffering great pain in the knee, which deprived him of sleep. I put on the long splint, which relieved him of the pain in a day or so; it was kept on for thirteen weeks, during which time his general health improved. He was sent to the country for a while, and then I saw him on the 19th January 1863, looking strong and healthy, and was quite better except "the leg was rather weak."

be ought to take advantage of Mr. Vernon's distribution to a single in treating disease in obtaining rest of the part. I take for instance the shoulder joint. Inseminated fomentations may reach the interior of the joint, and its muscles through the medium.
of the nerves upon the surface of the skin, and so induced physiological rest to all the
parts concerned in moving the joint. These
nerves upon the surface of the body being
in direct association with the interior of the
joint itself, we may reduce the muscular
spasm, as well as the sensibility of the
interior portion of the joint by applying—
anaesthesia upon the exterior of the deltoid
muscle, over the distribution of these
sensitive filaments. I believe that the
actual caustic acts in this reflex manner.
I saw a girl in Feb 1860 with rheumatoid
disease of the shoulder-joint; there was
flattening, but not the nocturnal pain
which here generally is in these cases.
She had been complaining for about ten
months, and had been freely blistered with
the result of affording her only temporary
relief. The application of the actual caustic
caused her

The superior laryngeal nerve of the phrenic
nervous distributes itself upon the mucous
membrane of the interior of the larynx, including
the laryngeal surface of the epiglottis. This same pneumogastric nerve sends off a recurrent branch, distributing itself to the muscles of the pharynx, and to all the intrinsic muscles of the larynx, except the crico-thyroidus. Thus the pneumogastric nerve supplies the muscles which move the vocal cords, and that same nerve supplies the membrane lining the anterior of the larynx. This is another illustration of the same nerve supplying the muscular apparatus of the larynx acting upon the vocal cords, with their investing muscular membrane, as well as the rest of the laryngeal mucous membrane and the joints of the larynx, just as we have seen the same nerve supplying the muscles moving the joint, the interior of the joint and the skin over the insertion of these muscles.

How in disease of the larynx it is impossible to keep the organ at rest, and it can only be done by performing tracheotomy. Tracheotomy is frequently called for in syphilitic disease of the larynx. Porter says "that if you have approaching asphyxia,
produced by the situation of the ulceration, you are perfectly warranted in restricting
the patient's life by tracheostomy; but at the same time he thinks it unwarrantable
in the early stages of the disease where so much may be done by other remedies.
Certainly tracheostomy is not to be thought of under ordinary circumstances, or in the
earlier stages of the disease, and is only to be adopted with the view of relieving
immediate and choking symptoms.

Thomas S— aged 15 years was
admitted into the Royal Infirmary in consequence of threatened asphyxia from
hereditary syphilitic disease of the larynx. His voice was quite gone, he was very
much emaciated, and had a very anxious countenance. His breathing became so
difficult that tracheostomy was resorted to. The tube, after having been in for
about six weeks, was removed, the
wound healed rapidly, and he now continues
to breathe with perfect ease. His general
health has improved, and he has now only
to guard against exciting causes. I consider this an excellent case, showing how rest of an organ favours its recovery to health, when in a diseased condition.

In deep seated inflammations of the eye and ones applied to the conjunctiva are of the greatest service; they act through the impression made upon the ophthalmic sensory branches of the fifth nerve, which are distributed upon the conjunctiva. This action cannot be due to direct transmission, through the various and dense tissues, for exactly the same effect can be produced by rubbing or smearing belladonna upon the eyebrows, forehead and eyelids, supplied by the first division of the fifth cranial nerve.

Allow me to mention a case which was under my care and which is very illustrative of the importance of locking for and among the cause. I was asked to see a young man in June 1857, at W—— who had a very bad eye. His parents were about to take him to Liverpool to see if his eye could not be saved.
His history was that he was hammering a piece of metal when he felt something strike his eye. Violent inflammation soon followed and he applied to his medical attendant who treated him with "Colonel and Opium," probably, "to touch the gum a little." The cause of the inflammation was never looked for, but "Colonel and Opium," the stock preparation for ophthalmic disorders, was at once prescribed. I told his parents that a slight operation would be required, which they were quite willing should be done. I called upon his medical man to ascertain whether I would be interfering by taking the case in hands when he told me I would not. He did not intend to do anything more with the eye. I was told by another practitioner that I would "find the lad if I interfered with him." I trusted in the sound principles which I had learned and did not fear anything but a happy result. I cut down upon the small particle and found it to be a piece of metal, but could not discriminate.
I did not interfere more then, thinking that ulceration and complications would bring it away. This result did not follow, and I was thought to be unsuccessful in my attempt, yet I determined to try again. A week elapsed without the eye making any improvement; I then carried a knife freely across the cornea, behind the foreign body and removed it. This being my first operation, and rather a critical one, I anxiously looked for a happy result. The eye was perfectly restored to health in about a fortnight.

I saw a case at W—, in which amputation of the leg had been performed for discharged tarsus. He left the Infirmary with the wound a little still unhealed, but shortly afterwards returned in consequence of the end of the stump becoming painful and the wound opening up again. When I saw him, he had been in the hospital about nine months and the stump had been treated by strapping, scarifications of the edges of the wound, and all manner
of things. I suggested the removal of half an inch more bone, which was done, with the result of the patient being dismissed in two or three weeks cured.

There seems to be such a doubt in the minds of many practitioners as to what they ought to do in many cases, in which to me or to any one possessing the least knowledge of sound practical principles, the treatment is evident.

A man at E came to me to see if I would remove a small tumour from the side of his neck which three medical men to whom he had applied said "was so dangerous a place to interfere with." I removed it, and applied pressure to the wound until all bleeding had ceased and until there was plastic matter on its edges, then brought them together by means of transparent plaster, which enabled me to watch the healing of the healing wound; immediate union took place.

I saw another man at E with a small atheromatous tumour on his cheek
of two years duration. He had got something "to ind it with" from his medical man. I removed it, made pressure until all bleeding had ceased, brought the edges of wound together with silver nitrate and transparent plaster; immediate union took place.

The use of a splint is frequently necessary before a wound will cicatrise; at least it will make the process more expeditious.

R. A. had a lacerated wound on the back of the hand. The wound became healthy but would not cicatrise — Nature was ready to complete a cure but was thwarted. What was the obstacle? Motion. The muscles moving the fingers necessarily moved the wound and theippus wound about it. A splint was applied; the cicatrising process set in, and indeed made wonderful progress even in the short space of twenty four hours.

A. C. had a large carbuncle on the back of his neck. The throats separated
and the surface of the scalp became healthy but it would not cicatrize in consequence of the movement of the head. Bandages were so arranged as to secure comparative rest, the scalp began to cicatrize and an ear was soon established.

A man had a cystic tumour of the scalp removed; pressure was made until bleeding had ceased, and a bandage was carried tightly around the head so as to fix the occipito-frontalis. Immediate union of the edges of the wound took place.

There is a certain kind of etiquette in the medical profession which is difficult to be observed on many occasions. A young practitioner has much to contend against on beginning practice. How often does he meet with cases where he is painfully conscious that the proper treatment is not being adopted, and yet he dare not even suggest anything, in consequence of the etiquette to be observed toward his brother practitioner, who, perhaps, may not have embraced opportunities
of acquiring professional knowledge during his student's days. The medical man's harvest. It unfortunately happens "that the only judges of a young practitioner's merits are those who have an interest in concealing it."

By fallacies in physic, the wise as well as the foolish are caught. But what vague and speculative evidence is fame in medicine itself? The despotic influence of public opinion, of fashion, have so much to do with the success of a medical man. The public believe that medical knowledge is to be obtained by intuition; they cannot conceive the labour and study which every practitioner has to exercise before he is qualified or even allowed to practice his profession. A youthful appearance is often a great misfortune to a young practitioner's success; for the public, or at least the portion to which a medical man looks for support, erroneously associates with advanced years great experience.
But there is experience in old and bad principles, and experience in modern and sound principles. Again, the public with its present amount of medical knowledge is incapable of detecting the attainments or deficiencies of those who profess medicine; it cannot draw a line of demarcation between the illiterate and shallow (pretender) and the man of high scientific attainments. How often do we witness a man accomplished in every branch of the science of medicine, doomed to struggle, until nearly heart-broken, against the adversities of the world, whilst the man of no scientific requirements, but who is well mixed in the quackery of the trade, is allowed to roll in his carriage and fare symptomously every day! “If physic be a trade, it is the trade of all others, the most exactly cut out for a rogue.” A visit to a quack produces a pleasurable excitement. There is something prigiant
in the disdain for prudence with which we deliver ourselves up to the illegitimate sportsman of human game, who kills us without a qualification.

"In Chili the physicians blow around the best of their patients, to drive away diseases; and, as the people in that country believe that physic consists wholly in their mind, their doctors would take it very ill, if any person should attempt to make the method of cure more difficult." They think they know enough when they know how to blow, which, translated into common language, means "raising the wind."

"It is, indeed, a high gratification to be the humble means of administering relief to our fellow-creatures, but there are drawbacks to every enjoyment of life. Have you not sometimes felt the hurried, cold, grasp of a respected friend's hand? Have you not seen the lack-lustre eye..."
the wan, perhaps, distorted features and the convulsive pangs of an aspiring husband and father—his bed encircled by an affectionate wife, and a group of weeping infants, whose comfort in this world—may perhaps, whose subsistence, depended upon the life of their parent?—these rend the very heart strings, and make us deplore the sinfulness of our art.

But this feeling should not discourage or dishearten us. Let us be upheld by the feeling that we have devoted such energies and powers as God has bestowed on us, with our whole minds, to make use of the opportunities we have met with in "The state of life to which Providence has called us", and if we in our daily life make the grand principle of our conduct, and the great aspiration of our hearts, to practice our profession in simple honesty and truth, not being unwary of the example of Him, who in his sojourn on earth, did
not think it below His divine
nature, to restore the blind to sight,
to cause the palsied to walk,
and the deaf to hear.