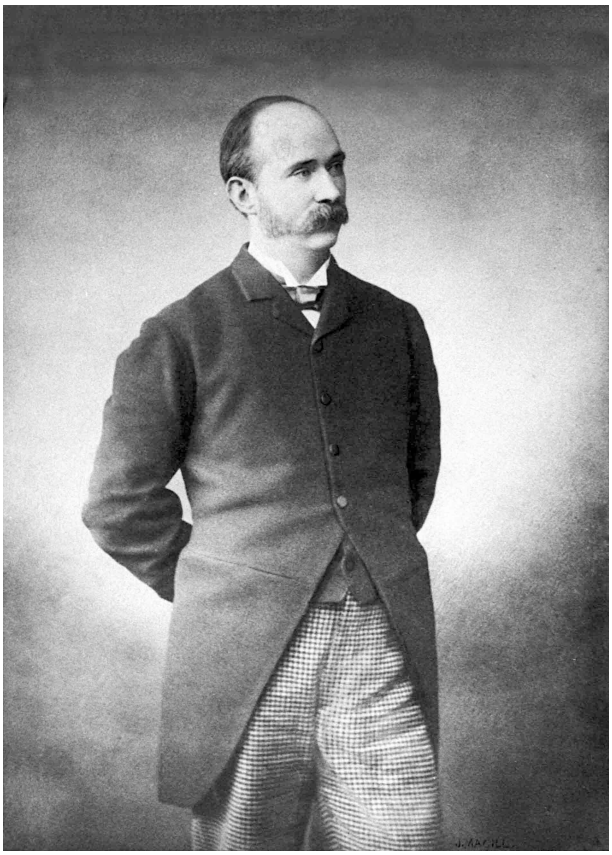
John Fagan (1843–1930)

President of the Ulster Medical Society 1884–85 and 1885–86

Presidential Opening Address
Ulster Medical Society
11th November 1884



GENTLEMEN,—I feel deeply sensible, I can assure you, of the honour you have done me by electing me as your President for the present year — an honour that is enhanced by the unanimous and hearty manner in which it has been conferred. It will be my earnest wish and endeavour to prove myself worthy of such, by upholding, in every way I can, the dignity that attaches to the honourable post of presiding over such an influential and intelligent body of gentlemen as the members of the Ulster Medical Society. Guided by the bright example of my predecessors, and relying on your kind assistance and forbearance, I hope that when my time arrives to vacate this chair it can be said of me that I have discharged the functions of my office in a not less satisfactory manner than those who have preceded me.

The first difficulty that besets my path is the selection of a suitable topic on which to address you. This wondrous epoch of ours, teeming as it is with startling innovations, is not wanting in the production of societies — religious, scientific, political and social, to promote and protect their various interests. Every profession, every trade has its societies to represent the different shades of thought and interest in each. The profession of medicine is not behindhand as regards the number and importance of its representative bodies. At the annual meetings of our great parent society we are treated to Presidential addresses, learned orations on some of the absorbing topics engaging professional interest at the time, while the Presidents of Sections and the readers of papers thresh out pretty completely the several subjects of most interest in their departments of medical science. Again, if we look over the country we find numerous smaller societies working on lines similar to their great prototype, and if, together with the work done by those, we consider the addresses annually delivered in our Universities, Colleges, and Hospitals, it is not to be wondered at that there remains scarcely one spot unexplored in the regions of medicine.

It is not my intention to ask you to accompany me into strange regions on speculative inquiries, or to travel over again the well-beaten path that is so familiar to us all as "the review of the progress of medicine and surgery for the past decade." Neither is it my intention to dwell on, as critic or panegyrist, the great achievements of such men as Pasteur, Koch, Lister, Wells, or Billroth, the great champions of our profession who, by their labours, are daily gaining fresh laurels — one set in the field of preventive medicine, the other by their skill and daring penetrating the most sacred chambers of the organism, and each succeeding year astonishing the world by some novel and bold surgical enterprise; such victories are of frequent occurrence, and our journals duly chronicle those achievements under such headings as hysterectomy, oophorectomy, splenectomy, ovariotomy, nephrotomy, cholocyst-otomy, and gastrotomy, as well as other exploits in the field of abdominal surgery.

To no such stirring themes do I invite you to listen. Mine will be a less pretentious one, but not less important. It is familiar alike to the pure physician and the pure surgeon, but more especially so to those

engaged in general practice. I am sure every thoughtful and observant practitioner who has been some time engaged in professional work, when he looks back over his past labours, must be forcibly reminded of some weak points in the continuity of his practice, such as a wrong diagnosis, an erroneous treatment based on it, a case gone wrong owing to a timid, careless, procrastinating way of dealing with it.

In casting about for a subject, it occurred to me that I might with advantage dwell for a little on some of these points, and by directing our attention more particularly to them we might be able to detect and strengthen those weak links in the chain of our professional labours. To the enthusiast surgeon such an every-day subject will appear dull and uninviting, lacking as it does the glamour of novelty or daring enterprise, but to the thoughtful practical mind it will meet with the reception that its importance and usefulness deserve. As I grow in years and experience the more strongly do I become impressed with this idea, that we allow ourselves to be carried away too much by speculative theories and novel practices, very often to the neglect of the first simple principles – a true appreciation of which, together with their timely and judicious application, are of infinitely more benefit to the race than the aggregate of the most brilliant discoveries recently made.

The subject-matter of my discourse, to which I will now direct your attention, is – the great importance of, 1st, accurate and early detection of disease and injury ; 2nd, the adoption of a timely, judicious, and decided mode of treatment. A higher and more important function still than early detection is the prevention of disease and injury; and it can never be said of our noble profession that, whilst it might appear to be their interest to be indifferent to such, they have not repeatedly and loudly raised their voices, proclaiming with no uncertain sound the importance and necessity there is for observing the common laws of hygiene. In proof of this we have only to look to the labours and teachings and warnings of such men as Jenner, Pasteur, Koch, and Lister, the great apostles of "preventive medicine," who have preached, and are still preaching, the gospel of sanitation, whereby not only individuals and communities but whole races have been and may still be benefited. Notwithstanding this, ignorance and apathy still prevail, and as the outcome of such, together with the inevitable tendency to degeneration inherent in our nature, the services of the physician and surgeon are still, and, I believe, always will be, in active requisition. If, then, we cannot hope to prevent the occurrence of disease and injury, it behoves us to try and recognise it in its earliest manifestations, for by so doing it can more effectually be arrested or brought to a satisfactory issue.

The first proposition, then, must forcibly commend itself to us, inasmuch as the more accurately the truth is known concerning any subject, the more efficiently can it be dealt with. On the medical attendant devolves the onus of finding out the truth concerning the cases brought under his observation, and on the acuteness of his diagnostic powers often hangs the well-being – nay, even the life of his patient. Ability as a diagnostician is one of the highest attributes of the physician or surgeon, for excellence in it demands that they be possessed not alone of many highly-developed physical qualities, and a large and varied experience, but pre-supposes as well an accurate knowledge of a wide range of scientific subjects. With all these qualities the highly accomplished consultant makes his mistakes in diagnosis as well as the humblest practitioner, and "*Humanum est errare*" may, with peculiar appropriateness, serve as a motto for all of us. I have somewhere heard the statement, and often seen it verified, that there is nothing more humiliating to the pride of our profession than the records of the *post mortem* room.

While there must always be differences in men's diagnostic powers, there is one important particular in which all should be equal, and that is the desire to leave nothing undone to enable us to make our diagnosis as accurate as possible. I do not propose to consider what should be the qualities of a good diagnostician, or the best methods to be employed in making a diagnosis, but I will draw your attention to what I consider to be some of the main defects to which not a few are liable: –

1st. A tendency to form a rapid conclusion on very slender data.

2nd. Putting leading questions to a patient.

3rd. Imperfect or ill-conducted physical examination, or no physical examination at all.

The first of these, we will admit, is a common cause of cases of mistaken diagnosis, and I think it can be accounted for in this way. Medical men in large practice would find it physically impossible to get through the amount of work they perform had they to carefully consider in detail each case presenting itself; besides that, they acquire through their large and varied experience a power akin to instinct that, from what I may call the physiognomy of disease, enables them to form, as a general rule, a very accurate diagnosis. That they are sometimes wrong, and evil results follow to doctor and patient, cannot be

denied, and there are few of us that do not know or have not heard of cases, painful illustrations of this fact. I, some time ago, heard the following: – A man, who had been some days before in a drunken brawl, consulted his medical attendant for a slight headache and general contusions. A warm bath and some alterative medicine were prescribed, and he was told he would be all right in a few days. After a few days' time the man, not feeling better, again consulted his doctor, who found his patient's headache much worse, and also that he had vomited a couple of times. Still looking to the stomach as the cause of his disorder, suitable drugs were again prescribed. A few days after this the headache and vomiting ceased, but the patient began to lapse into a dull state, varied by occasional fits of restlessness and excitement. At this stage another practitioner was asked to see the case, who, after getting an accurate history, made a careful physical examination and found a small contused wound on the man's head that up to that time had not been detected. The opinion then formed was that the symptoms were due to cerebral mischief, and treatment was accordingly directed to it, but notwithstanding this the man died comatose in a few days. Instead of rushing to the conclusion that the man's headache depended on disordered stomach following his debauch, had his medical man carefully gone into the history of the case, followed up by a close physical examination, the probabilities are that an accurate diagnosis would have been made, a rational mode of treatment adopted, and, as a result of such, a life perhaps saved.

The second defect to which I wish to draw your attention is, "the habit of putting leading questions to a patient." This practice very often results in a wrong opinion being formed, for if the objective symptoms be not sufficiently well marked, the patient is questioned and cross-questioned, not so much with the view to elicit facts as to get confirmatory evidence of some hypothetical diagnosis already formed. Having once formed and expressed an opinion, it is astonishing with what tenacity we hold on to it, and any fresh symptoms arising, and existing ones becoming more marked, are bent and twisted to harmonise with our prejudiced view. Let a fresh mind be brought to bear on the case at this advanced stage; it will at once, by the light of the new and better-marked symptoms, arrive at a true diagnosis; and it will then strike us how strange it was we did not see the case in that light before.

The third defect – and a very grave one in making a diagnosis – is where no physical examination, or a very indifferent one, is made. I need not dwell on the disastrous train of symptoms that often follow in cases where physical examination has been neglected. Some of you have heard, no doubt, of patients treated for colic and dyspepsia, who, on being subjected to careful physical examination, were found to be suffering from a strangulated hernia. I have known cases of incontinence of urine where strychnine and other drugs were assiduously administered, with a view to render the bladder capable of retaining its contents when that viscus was distended to the point of rupture from inability to get rid of, except in drops, the accumulated urine. That such grave mistakes are occasionally made is unfortunately too true; and in well-marked cases, such as those mentioned, where the symptoms point strongly to the more than probable cause, and indicate the necessity for a physical examination, the neglect to do so must be attributed to the culpable carelessness or gross ignorance of the medical attendant. While a perfunctory examination is not so bad as no examination at all, it cannot be too strongly condemned, for while there is an attempt to comply with the form of examination, apart from the mere formality, it serves no useful purpose. It is not an uncommon thing, when a child suffering from a slight pain in a joint or limb is brought for professional advice, for the doctor to feel the parts as it stands beside him, and not detecting anything strikingly wrong, while he prescribes some simple application, gives the consoling opinion that it is nothing worth considering, and will come all right in a little time. The parent, now relieved of all anxiety, accounts for the symptoms as due to the child's nervous disposition, or to what is popularly known as "growing pains." But a condition of well-marked arthritis or osteitis soon after manifesting itself, rouses again the parent's anxiety, and the doctor is a second time consulted. The more decided symptoms now present demand a strict physical examination, followed no doubt by the consciousness that had such been done on the first occasion, much mischief might have been averted. I have met with cases where sedatives were assiduously applied along the course of painful nerves of arm and leg, and hopes held out that with time, change of season or of climate, the pain would disappear, where a careful physical examination afterwards revealed a cancerous nodule in the axilla, or a similar malignant mass in the pelvis, as the true cause of the symptoms present.

There are two affections, of which I see a considerable number occurring with great frequency, and in which an accurate and early diagnosis is of paramount importance – I allude to cases of hip and

spinal disease. In their early stages it is often a most difficult matter to make a correct diagnosis; the symptoms in each are obscure and ill-defined, and in the case of hip disease, singly, or even in groups, are not conclusively pathognomonic of this affection. Hence we may have pain in the knee, flattening of the buttock, flexion of the thigh, pain in the groin, stiffness of the joint, each and all of which are usually found in hip disease, and yet their presence is not conclusive of it, as these symptoms may be due to other pathological states. It is for want of making a thorough and complete physical examination that medical men, seeing one or a group of symptoms usually associated with hip disease, jump to the conclusion that it must be present, when they ought to remember that the same symptoms may be equally conclusive of a totally different condition. I knew a very eminent surgeon who, forming his diagnosis on the presence of one or two prominent symptoms, pronounced the case he was called to see to be one of hip disease; accordingly, he gave instructions to have the best room in the house given up to the patient, as her case would be tedious, and likely to confine her to bed for three, six, or perhaps twelve months.

His orders were carried out, but the cure was more rapid than he had anticipated; in a week after he saw her, the child one night passed a large quantity of pus per anum, and in three weeks was up and about. It was a pelvic abscess, not a case of hip disease; the more prominent symptoms present were common to both affections, and his neglect of making a careful and thorough differential diagnosis led him into the mistake he made.

The following case, that occurred in my own practice a few years ago, I think worth recording:— After I had concluded my lectures on hip disease at the Children's Hospital, the students of my class, during my absence, examined a case that was brought for me to see, and pronounced it to be one of hip disease. They detailed as present most of the symptoms common to the affection — viz., lameness, flexion of thigh, flattening of buttock, pain and swelling in the groin. And seeing the child, who was now dressed, walking with the characteristic gait, I coincided with the opinion expressed by them that the case was one of hip disease in its first stage. I told the mother of the child what my opinion was, and that a splint, which I then ordered, would be necessary. A few days afterwards, while the child was waiting in bed for her splint, I happened to examine her, and finding some important symptoms absent, and others not well marked, my suspicions began to be aroused concerning the correctness of the diagnosis. I got the child out of bed, and noticing that she walked with more freedom than when I first saw her, I asked her if she suffered pain in walking, and, if so, where? She replied she had very little pain now, as her heel was nearly well. On examining the heel I found a little ulcer over the tendo-Achillis; this had existed for two or three months, being very sore at the time of her admission to hospital, and now much improved by the rest obtained. The presence and history of this little ulcer were quite sufficient to account for all the symptoms. To prevent straining of the sore she walked on her toes, with leg and thigh slightly flexed. Owing to the flexed condition of the thigh, the fibres of the gluteus became relaxed, and there was partial obliteration of the fold of the nates, with some flattening of the buttock. The pain and swelling in the groin were due to an enlarged tender gland — produced, no doubt, by the irritation of the lymphatics at the seat of the ulcer. I need scarcely tell you that the order for the splint was immediately countermanded, and the mother duly informed that the rest and other treatment had improved her child so much that a splint would not be required. It was a gratifying communication to her, and she expressed her hearty thanks for saving her child from a cripple's fate. This simple case illustrates very forcibly the liability there is to be led astray by what, *primâ facie*, is strong presumptive evidence of a certain well-defined disease; and the lesson to be drawn from it is that in all cases of the kind the patient should be subjected to a thoroughly searching and complete physical examination before hazarding a diagnosis.

In the first stage of spinal caries the symptoms are also very obscure ; pain of an ill-defined character, and referred to regions remote from the spine, is the first warning given of commencing mischief; and I may here mention that at this early stage of spinal disease the case is generally treated by the physician, as the symptoms present point to diseased conditions that come more within his province than that of the surgeon. It is not an uncommon thing to find that cases have been treated for a long period for gastric derangement, and that it was only when actual deformity of the spine was manifest that the true nature of the ailment was discovered. In the same way cases of bronchial and laryngeal irritation have been drugged and sprayed, while the real offender, secretly doing its deadly work in the spinal column, was allowed to go on unnoticed.

A case came under my observation a few years ago of a young man who had been resident in England, and was sent home by his medical adviser, after four months' treatment for a kidney affection, in

the hope that his native air would restore him. A careful examination of his case revealed a spinal caries in the dorso-lumbar region. I was able very clearly to trace the disease to an injury sustained three months before he began to complain. For treatment I recommended rest in the recumbent position. After a little the pains in the loins disappeared; later on jackets, at first of plaster-of-Paris, then of felt, were applied; and I was informed that in some time over a year he was about quite well. For a series of cases illustrating this aspect of the subject I would refer you to Mr. Hilton's classical "Lectures on the Diagnostic Value of Pain."

I have now, in a very desultory and superficial way, brought under your notice some points indicating the necessity for an accurate and early diagnosis in all cases of disease and injury, and we have seen that this can be accomplished only by obtaining a true history of each case, and by a careful consideration of all symptoms, both objective and subjective, after making a thoroughly complete physical examination. We have seen how wide of the truth single symptoms and even groups of such are sometimes apt to lead us; how a flexed thigh, flattened buttock, and a painful swelling in the groin, may exist from other causes than hip disease; how pain in the knee is not conclusive of knee mischief, or even of hip mischief, with which it is mostly associated, but may be due to rectal, sacro-iliac, or other pelvic mischief; how the first warnings of spinal disease manifest themselves, as pains in the regions of the chest, stomach, kidneys, or bladder; and considering all these facts, must we not be forced to the conclusion that it is only by the most careful, thorough, and patient examination and study of each symptom and group of symptoms that we are likely to arrive at an accurate diagnosis.

I will now ask your attention for a moment to what follows as a rational sequence of our first proposition – viz.: "The adoption of a timely, judicious, and decided mode of treatment."

The early and accurate detection of disease and injury is of the first importance, for by the light thus obtained appropriate treatment can be more effectually applied. Up to this point direct benefit to the patient has not been considered, and although we sometimes meet with patients who take an interest in the niceties of diagnosis, and the study of patho-logical states, the majority come for treatment, which they want carried out quickly and successfully.

By "timely treatment" I mean that which is adopted as soon as the case is brought under the notice of the medical attendant. We know that, owing to the ignorance or carelessness of the patient or friends, cases are not always seen at their commencement – indeed, many not till considerable mischief of a preventable character is done. That, however, is not the fault of the medical man, whose responsibility begins only at the moment he sees his patient for the first time. When a diagnosis is made, treatment judicious and decided should at once be put in practice.

The habit of procrastinating when treatment is required, is a thing that cannot be too strongly censured, especially in cases of great urgency; the number of lives lost, and the amount of suffering entailed, by postponing treatment for even short periods, if it were possible to calculate such, would be appalling to contemplate. In apparently trivial cases, where symptoms are ill-defined, while not playing the part of alarmists, it is wise to give due caution against doing anything that might be injurious, or likely to develop mischief, until every suspicious sign of it had disappeared. One medical man, disdaining such slight warnings, assures his patients that they need not mind, that they will be all right again after a little. Another practitioner, of a more prudent disposition, advises them to observe caution, avoiding this or doing that, till all suspicious symptoms disappear, and should there be at any time the slightest retrograde tendency, to have their case again inquired into. I think you will agree with me that although in many cases the sanguine expectations of the one are verified, still, on the whole, there is less cause for regret by hearkening to the prudent warnings of the latter, who, anticipating mischief, subjects his patients to a timely and judicious treatment, and, next to the prevention of the disease or injury, does the best thing that can be done for them. In better-marked cases still, we sometimes see this tendency to make light of them, and not infrequently do we hear patients say: "I consulted Dr. A. or Dr. B., but he did not think it would signify, so I paid no further heed to it." And do we not, unfortunately, but too often see painful cases of bone disease, spinal and joint disease, as well as various other affections, both medical and surgical, the outcome of this reprehensible practice of making light of, or ignoring, these primary, though faint, warnings of brewing mischief.

To conduct successfully, through the anxious and tedious stages of disease and convalescence, cases of morbus coxae or spinal caries, is creditable alike to the patience, judgment, and skill of the surgeon – to save by an amputation a life endangered by a disorganised limb, or to preserve one of the

members by a successful excision, are triumphs in which he may take a pardonable pride, but a greater triumph still, and one worthy of a higher meed of praise, is to make an early and accurate diagnosis of disease, and to crush it out in what I may term its embryonic condition.

Unfortunately this, the noblest and most useful quality of our calling, is the least recognised by those who most benefit by it – nay, more, I have known cases where the medical man was not alone not thanked, but strongly censured instead, for what were considered opinions too hastily expressed, and treatment unnecessarily imposed. Instances of this are, I am sure, familiar to all of us. A few years ago I saw, in consultation with a distinguished medical friend, a child who had well-marked symptoms of incipient hip mischief. She was immediately subjected to a decided line of treatment, which was rigidly carried out for a month or six weeks; by this time the joint was so much improved that the friends, doubting the opinion expressed by us, took her to a metropolitan surgeon, who assured them that there was nothing wrong with the child, that all she required was attending to her general health. While we might indulge in the consoling reflection that we saved that child by timely and decided treatment from the possible fate of a cripple's life, I have reason to know that we incurred the parent's censure for the expression of alarmist views and unnecessary restraint put on the patient. Did time permit, I could quote numerous instances of a like character, but I will only relate this striking one, showing the value of the public opinion on matters purely professional, told by Sir James Paget of a distinguished London surgeon who, while operating on a gentleman for strangulated femoral hernia, with great carelessness cut right into the intestine. Faeces flowed out, and all the miseries of a wounded intestine followed. After much anxious care, at last the patient recovered. His firm conviction was that by this very incision into his bowel he had escaped some dreadful calamity, and that nothing but the most extreme skill could have either made the incision into the bowel, or recovered him after it; and he presented the surgeon who had done this for him with a very handsome gold snuff-box.

For the very reason of this inability on the part of the public to judge rightly, it is all the more incumbent on us, rising above personal considerations, to stand in their place and help them. In obviously well-marked cases, urgently demanding treatment, there can be no excuse for procrastinating; pressure of work, or want of confidence in one's power to deal with the case, is no justification for delay; deferring treatment on such grounds, or in the vague hope that by some lucky chance it will come to a successful issue, is reprehensible in the highest degree. Such cases should not be left uncared for one moment longer than is absolutely unavoidable; and if from any cause the necessary attendance cannot be bestowed on them by the medical man first consulted, he should seek the assistance of another, whose time is less occupied, or who could bring special knowledge and experience to bear on them. Not infrequently do we meet with cases, painful examples of the results of this procrastinating or diffident disposition of the medical attendant.

A short time ago I attended a poor fellow who suffered from urinary fistulas and vesical catarrh; he was reduced to the lowest ebb by prolonged and intense suffering. Some months previously he got a fall on his perinaeum, rupturing the urethra; this was followed by urinary extravasation. There were delay and indecision in dealing with the case, and it was only when the mischief was done that a second medical man saw it and adopted the proper treatment of making free incisions over the infiltrated area. It was too late, however; the whole of the integument covering the lower half of the abdominal wall, as well as the scrotum, sloughed, and the enormous extent of raw surface, with penis and testicles exposed, was, I heard, fearful to witness. I performed a cystotomy for the relief of the intensely painful bladder symptoms, which placed him in comparative ease for some months, and then he died. I give this as an example of the appalling and fatal results that may follow the neglect of a timely, judicious, and decided mode of treatment. Cases of ruptured urethra are common in hospital practice, and when seen soon after the accident, while the swelling and infiltration are confined to the perinaeum, are easily and successfully dealt with. The practice I follow is to pass a sound down the urethra as far as the seat of mischief, and make a free deep incision on it, and multiple incisions about the part if its state demands such. I have never seen any of these cases go wrong when dealt with early and in a decided manner, and rarely have I seen constitutional disturbance or suffering of any consequence in connexion with them.

Another form of affection that terminates badly, if not dealt with in a similar way is periostitis. If seen in the very early stage, rest, elevation of the limb, perhaps cold applications, and general antiphlogistic treatment may arrest its further progress; but if not seen till a later stage, when there

is great pain, swelling and tension of the part, and it be not dealt with vigorously, the danger to life and limb are very great. I have seen prolonged suffering followed by extensive necrosis, blood-poisoning by which some lives were lost, and others placed in great jeopardy, and all for the want of a timely and proper incision.

Let me explain here what I mean by proper incision. Some men persuade themselves that when they make a puncture and draw blood they have complied with the requirements of the case. If their object is to draw blood and they get sufficient, well and good; but in cases such as periostitis, there can be no more mischievous practice. Owing to the swollen, congested state of the tissues, an incision that appears deep and bleeds freely is frequently useless, for its object is not attained, the periosteum is not reached, and what was meant for good is sometimes only the means of creating further mischief. The motive for interfering is to relieve periosteal tension, which if not accomplished will end in the death of the bone. Hence, to do this effectually it is necessary to pass the knife well down to the bone, and keep the blade in close contact while making the requisite free incision. In this way the tension of all the parts is relieved, and the treatment, so far, is judicious and thorough. The same may be said of cases of diffuse inflammation, when spreading under fascial or aponeurotic structures, so often seen in the extremities following injuries and operations, and it is unfortunately no uncommon thing to see poor creatures who have survived a protracted period of painful suffering, carry about with them a seamed, scarred neck, a clawed hand, or a crippled, useless limb – monuments of procrastinating habits or timid peddling surgery. Let me not be understood to convey that all such cases are the outcome of indifference or incompetency on the part of the medical attendant. Nothing is further from my mind. They may occur in the hands of the most competent surgeons, for the result may be due in one case to the fact that it was not seen till the mischief was done; in another to the dogged, ignorant obstinacy or fear of the patient to submit to the proper treatment; in others, again, to some defect in the organism, which prevented it responding to treatment, though most judiciously and efficiently applied. The two grand principles of "rest" and "relief of tension," on which depend the successful treatment of many diseased conditions, especially in surgical practice, cannot be too strongly enforced. It behoves medical men, then, while recognising their value, to see that they are carried out in a thoroughly efficient manner, so as to accomplish the object at which they aim, otherwise they are not alone powerless, but faith in their efficacy being shaken, much mischief may occur for want of their proper application.

Travelling with a professional friend a few weeks ago, I saw him intently and with evident satisfaction observing the back of his hand, on which were visible four linear scars extending the whole length of each metacarpal bone; he next vigorously put his fingers and hand through their various movements, and, finally, seizing mine, he squeezed it with a force that, if it indicated the strength of his regard for me, left no doubt of my being very high in his estimation. He said, "It's all right again ; I can do every thing with it; it is quite as strong and useful as ever." He was treated by me some time previously for a very bad form of inflammation of the hand, following an injury; it had been poulticed and punctured before he came up from the country to place himself under my care. The scars referred to were the result of the free incisions practised, and after which, with absolute rest and other appropriate treatment, he made an uninterrupted recovery.

This simple case forcibly illustrates the value of the efficient application of the principles already mentioned, and I am sure most of those about me now can record not one but many cases equally successful by the application of timely, judicious, and decided treatment.

In the great and important subject of joint disease and injury, the value of the application of these principles cannot be too strongly impressed on the minds of medical men, and we frequently see that, owing to want of attention to them, injuries, at first trivial, slowly but surely acquire a condition that very often ends in confirmed disease, deformity, or death. While I am prepared to admit that perverseness, gross ignorance, and prejudice on the part of patient or friends, often thwart the medical attendant in his endeavours to deal efficiently with the early stages of disease in joints, still I am forced to the conclusion that a great deal of mischief of a preventable kind is allowed to take place, owing to the fact that some medical men make light of, or do not appreciate the importance of, early and decided treatment in the first manifestations of disease in these structures.

And now, gentlemen, although many subjects present themselves to my mind in connexion with which the consideration of the propositions first made would be both interesting and instructive, I find that time will not permit it – indeed I feel bound to apologise for the length of time I have already detained you with what will appear to many, I am

sure, very common-place matters, and I hope you will not consider that I have addressed my remarks to you as one who felt he was enunciating views that were not already as familiar to you as to himself. Believe me, I have too keen a perception of my own shortcomings, and too true an estimate of the high professional excellence of my brother practitioners in Belfast, to address them in any such spirit; but you will admit that, owing to the anxiety and hurry entailed by increasing professional labour, we are all of us apt to overlook the little things both of principles and practice that are of the first importance in the every-day work of our profession, and that we can all benefit by repeated and sharp reminders of our backslidings in these matters.

While we are considering some of the important duties we have to perform towards our patients and the public, we are not to forget there are other duties no less strictly demanded of us towards ourselves, our professional brethren, and the honourable calling to which we all belong. The elevation or degradation of the body depends on the aggregate of the acts of its individual members, and in proportion as they are honourable, useful, and enlightened, will it rise in general estimation. Hence, it is incumbent on each of us, by the faithful and conscientious discharge of his duties, by his high moral tone and dignified conduct, to aid in elevating it in its social status, and increase its power for well-doing; and, while acting thus his own part, he is not to be indifferent to his brother who, through carelessness, oversight, mayhap ignorance, fails in his duty to his patients or his profession, but should from mutual interest, as well as in common brotherly charity, hasten to shield him from the hard censure of an unsympathetic public.

Gentlemen, I do not know any means that is more likely to promote such objects more effectually than the Society I have the honour of presiding over this Session. Through it the scientific and social aims of our profession are promoted, interchange of views on the ever-varying questions of the day takes place to our mutual advantage, biassed opinions are altered or modified, a spirit of inquiry is fostered, our knowledge and mode of treating disease are brought more in line with the advanced practice of our time, and our local band is kept well in the forefront of the ranks of our profession.

The promotion of the more intimate social intercourse of its members is not the least important function of this Society. It has not been so fortunate in accomplishing this as one would wish; still we must endeavour, with the facilities at our disposal, to do what we can to encourage it; and I anxiously look forward to the day when a university or college club, in which the medical element will form no insignificant part, will be established amongst us to further still more this desirable object. I believe such an institution will promote the social elevation of our body, smooth any little professional acerbities, and exercise a healthy, restraining influence on erring members by bringing the weight of our united opinion to bear on them.

We have lately seen what the profession in Belfast and the North of Ireland can do when it wishes to put forth its strength. The noble reception it gave to the British Medical Association was the theme of praise and admiration of our numerous visitors, and redounded to the honour not alone of our local profession, but to that of the whole community. We cannot then plead incapacity. As a professional body we are strong enough, and capable of developing our present Society, or forming and fostering a medical club worthy of our body and the important community in which we live.

Whether emanating from these modest rooms or more pretentious halls, let the spirit of our Society be ever active in promoting the interests of our body, both as regards our relations to one another as well as to the outside public; and let each member, acting in conformity with that spirit, play his part honourably and well. Let the senior members and those whom the propitious wave of circumstance, aided, perhaps, by ability and honest hard work, has landed into the pleasant places of our profession, sustain the dignity and prestige that are supposed to be attached to the position they occupy. Let remuneration for their services be commensurate with their position and the costly requisites and luxuries of their clients. Let them remember that accompanying such honourable and lucrative positions is also a responsibility towards their less favoured brethren. They should be the standards by which younger members would gauge their professional relationship with the public; and as it is with the learned profession of the law, when a counsel gets silk it debars him from a certain class of practice that becomes the right of the junior brethren, so it should be with us. Those fortunate members who have attained commanding positions should refrain from injuring the prospects of their junior brethren. Should they act in this manner, all interests will be served; the province of the general practitioner will not be encroached on ; the labour of the consultant is lessened, while his remuneration is increased; and the patient, often valuing the services in proportion to the expense and difficulty in

securing them, feels satisfied.

As regards the general relationship that should exist between all of us hard workers, whether specialists or general practitioners, let us try and be animated by a spirit of brotherly love and charity; let us bear and forbear with one another; let us, by kindly advice and practical assistance in times of need, lighten the burden that is imposed on us all, pressing with greater force on one than another; let us, by honourable, straightforward dealings in our complicated relationship to our patients and to one another, advance our own and our patients' interests and the honour and interests of our profession. Acting in this manner, our power and efficiency will be strengthened to enable us to carry on with unwearied vigour the great crusade against disease and injury that seem to be the inevitable inheritance of our common humanity.