STATE MEDICAL ASSOCIATION.

THE SOUL OF THE SURGEON.

By RUDOLPH MATAS M.D., LL.D., F.A.C.S., Tulane University,
NEW ORLEANS, LA.

Mr. President, Members of the Mississippi State Medical Association, Ladies and Gentlemen:

It is my first and most agreeable duty to express my profound appreciation of the honor conferred upon me by the invitation to address the Association on this notable occasion; also my gratification at the opportunity and the privilege of addressing an audience in a city in which I have the good fortune to count so many personal friends, some of whom I have the joy of recognizing as my contemporaries, many more as my students and fellow alumni, who have been cradled in the same beloved alma mater; and still others, in the membership of the Association, who in the course of a long professional life, have honored me with their confidence and good will.

To all these worthy friends and colleagues I am still further indebted for the privilege of a large acquaintance with the people of Mississippi—an acquaintance which in the course of many years has been the prolific source of many professional relations, which have ripened into lasting and loyal friendships—friendships that have proven one of the greatest rewards and blessings of an arduous professional life. I avail myself, therefore, of the opportunity offered me by your friendship and your goodness, to thank you, and again, through you, to express my admiration, my devotion and my love for the splendid people—the generous, the brave and the chivalrous people—of this great commonwealth, with whom my life has been so closely and delightfully interwoven, from the earliest dawn of my professional life to the present time.

It would have been my greatest ambition to have come to you with some scientific offering worthy of the splendid occasion; to have brought some message that would have fitted memorialized the day, and that would have adequately conveyed to you the sentiment of grateful recognition that so many years of close professional intercommunication has fostered and nourished in my heart; but it is not easy for the busy worker in our profession, the man who is eternally at the forge, hammering away at the physical imperfections of
his fellows, shaping, in a manner, their physical destinies, and sweltering over the melting pot of human injury and disease—
to suddenly exchange the modest apparel and the grim activities of the operating room for the toga of the orator and the graces of the forum.

Fortunately, even though I possessed a single claim to the many virtues that my brilliant friend, your gifted, but too partial chairman, has showered upon me,—the impossible is not expected of me. Even were I capable of oratorical display, any attempt at such an exhibition,—in the land of a Prentiss, a Davis, a Lamar, a Williams, or, in our profession of a Chaille, —and a host of others, living and dead, who have shed lustre upon the glorious traditions of your State—a state where, seemingly wit and eloquence spring from the soil as plentifully and spontaneously as the cypress and the pine,—any attempt I repeat, to contribute to the amenities of this occasion by a display of oratorical power, would not only be “bringing coals to Newcastle,” but, in comparison with what you have to offer your guests would prove an utter failure.

The chief advantage of occasions of this character is that they offer most favorable opportunity for the mutual interchange of thought, opinion, and experience, and, of these, none can be more pertinent or profitable than those which relate to our individual experience in the special fields of labor in which we are engaged.

I will, therefore, permit myself to indulge in some rambling thoughts on a subject with which, from the very nature of my life-work, I am most familiar, if not best qualified to speak—I mean the Surgeon, or, rather the Soul of the Surgeon himself.

*   *   *

It is now a trite observation, which has become threadbare by continued repetition, that since the advent of the doctrines of Pasteur and Lister, surgery has made more progress in the last half century, and especially the last quarter, than had been made in all the past centuries put together. So true is this that there is no longer a horizon to its limitless ambitions, or a check to its inquisitive enterprises. Modern surgery has knocked down the barriers which, scarcely half a century ago, were deemed insurmountable. Achievements that would have been regarded as the ravings of a disordered imagi-
nation, have become stern realities. However we may at times question the audacity of its leaders, no one can fail to admire its indomitable spirit and bow down before its acknowledged triumphs. But if there are, at the present time, a few skeptics who question the power and the possibilities of surgery, there are, on the other hand, a host of others, and perhaps the majority of mankind in general, who have no conception of the workings of the surgeon’s mind, of his internal consciousness, or, what might be called, the psychic experience which is peculiar to those who exercise surgery as a science and an art. And none but he can appreciate the enthusiasm, the passion which it inspires and instills, in the one who, whole-heartedly disinterestedly, unselfishly, and honestly, consecrates his life to its ministry.

The surgeon, as a mere practitioner of his art, is known to the masses in his multitudinous and exteriorized types; but the Soul of the Surgeon—if we may define the soul as “the ethical and emotional part of man’s nature, the seat of the sentiments and feelings, as distinguished from pure intellect”—is a part of his makeup that is unknown to the masses; and the profound emotions which agitate him and with which he is rarely credited, can never be appreciated or analyzed save by one of the Guild who has lived them.

It is an easy matter for the critic, the dramatist, the novelist, the cynic and the cartoonist, to exercise their talents at the expense of the surgeon. Surgery has furnished, and continues to supply, themes inexhaustible for humorous dissertations in the comic papers, and cheap diatribes in the yellow journals. This has been so from the days of Horace to Bernard Shaw. Nothing easier than to sneer or rail at surgery by those who are not in need of its good offices. But, in the presence of the cynical and grossly material concept of the surgeon’s role in the social fabric, it is only fair that something should be said to prove the baselessness of the charge that he is mercenary, soulless, indifferent to the fate of his fellows, greedy of gold, and thirsting for publicity and notoriety.

For the persistence of this opinion in certain quarters, the quack, the impostor, and the knave, who thrive in our ranks, are largely responsible. In justice to our calling, however, we must recognize the fact that we are not alone in being cursed with quacks, for they are found in all occupations. “The quack is a loud-mouthed pretender, a person who seeks to gain con-
idence by unworthy methods or an individual who claims to have a specific for various disorders of manners, morals, finance and politics. There is a quack in statesmanship who would reform every abuse by the iron application of a favorite formula; the quack in law, who stimulates litigation and conducts legal procedures with no regard whatever for the interest of the community; and the quack in religion, who claims to have personal influence with the Creator, invariably speaks as a self constituted oracle of the Almighty and, to quote a picturesque phrase of Dr. Chalmers Da Costa, 'would take us to heaven in the private parlor car of a lightning express.'

* * *

But much of the disrepute, which has come to surgery at the present time, has not come through the ordinary coarse, vulgar, ignorant and shameless quack, who advertises undisguisedly in the newspapers, but from those who are regarded as regular practitioners, wolves in sheep's clothes; these, at bottom, are the most dangerous sort of impostors. There are men who, having been trained in the safe methods of modern surgery, who having learned enough of the rudiments of surgical technique to steer clear from the perils of infection and thereby avoid an immediate mortality, and others who have acquired considerable skill from association and training with competent surgeons—sometimes, and I am pained to say it, too often, and with growing frequency—are willing to degrade their ministry and their art for purely sordid, sinister motives. These are the men who, knowing better, see an operation in any and every complaint made by the unfortunate victims of their cupidity and soullessness. They are the men who resort to all sorts of subterfuge to coax their patients to the operating table. They are the men who see in every cramp, an appendix; in every belch, a gallstone; in every heartburn, gastric or duodenal ulcer; in every uterus, a cancer or a fibroid; in the abdomen of every neurasthenic young woman, a diseased ovary, an infected tube, an extra-uterine pregnancy; in every neurotic woman's abdomen, a floating kidney or a prolapsed or displaced organ, that nothing short of an operation, a laparotomy, can cure or relieve—provided the patient can pay the necessary fee. It is wonderful how sometimes the urgency and perils of a patient's pathology shrivel into a negligible quantity when it is discovered that the pocket-book is empty and that there are no stakes to take off from the game.
But while tainted money is the most frequent motive for the prostitution of surgery, there are other considerations which often lead a man of the art to sell his birthright and his decency for a mess of pottage. There are others, less base, who are insanely ambitious for reputation and prestige as marvelous operators; who, possessed of the furor operatorius, allow their vanity to eclipse their reason and their morals. These men will not hesitate to remove normal and inoffensive organs and endanger the lives of their fellows, solely to be quoted as wonderfully successful operators. How easy for a man armed with a diploma, with some appearance, suavity and plausibility, to insinuate himself into the graces of a gullible and impressionable public, if he is the least bit intelligent but unscrupulous. How easy to multiply one's successes, with even a modest surgical training, by removing healthy organs, or operating upon them in normal individuals when the danger of complications and disastrous consequences are reduced to a minimum by the perfect conditions of resistance that obtain in healthy patients! How easy to swell one's statistics as a wonderfully successful operator, by shearing the wool of a lot of unsuspecting lambs, while they sleep. How well Zola depicted this conscienceless type of surgical wolf in his wonderful search into the cause of race suicide, which is summed up in his novel Fecondité.

In this, he introduces us to Gaude, a young handsome, aggressive, skillful, but unscrupulous gynecologic surgeon, the idol of the smart set and of all the women of the quartier, where he holds his clinics in his private hospital and performs his jugglery before enthusiastic and admiring audiences. He is the Napoleon of the Pelvis. Every day adds new victories and a new record to his already vast crop of amputated ovaries and hysterectomized women, and his wards are full of sterile and unexposed females. Whether deceased or no, it matters not; his clinics must be provided with material. His appetite is insatiable. It is not so much for his fees and the filthy lucre—to which he is not altogether indifferent—but it is to swell his statistics, and to be reputed as the premier laparotomist of France. And there are many other Gaudes outside of France who hold their sway in realms which are not included within the frontiers of the Faculty.

Then there are not only solitary knaves, who hide their nefarious practices in the secrecy of their private sanitariums, but there are combinations, private partnerships, among equally
rapacious and unscrupulous crooks, who, working in collusion, are ever ready to exploit the unsuspecting, who have been skilfully steered to their operating rooms. In these combinations, the internist, disguised as the family physician, as the general practitioner, plays the role of the confidence man, who makes the diagnosis, creates the alarm, which leads to an operation, and, then extols and lifts to the skies his secret partner—the surgeon—usually an unknown and obscure recruit from the surgical ranks.

And this traffic goes on, so that the two may divide the spoils of the foul partnership in fictitious diagnoses and in unnecessary, and often criminal, operations.

While this sombre group of so-called surgeons pursue their “black arts” in isolated and secluded corners, usually in the larger metropolitan centers, there is a larger group of practitioners who reservedly commit themselves to the practice which, in the more elegant hellenic form of speech is known as “dichotomy,” but in stronger Anglo-Saxon is better known by the familiar and unmistakable term of “fee-splitting”—i. e. the practice of dividing fees with the man who has called one in consultation, or to a surgical operation. Of this species, there are many varieties. A distinguished member of the profession—none other than Dr. John B. Murphy of Chicago—classifies the consultants, who buy their business by fee-splitting, as follows:

“1. Those who openly admit to the medical man that they will pay a large portion of the fee.

“2. Those who take the referring doctor into the side-room or alley and divide the fee with him.

“3. Those who permit the family doctor to collect the fee and pay him what portion he desires.

“4. Those who send the doctor, who referred the case, a check representing a considerable portion of the fee.”

But, appalling as this classification seems to be, it no doubt only exhibits a few samples of the “57 varieties” of feesplitters and bogus surgeons, who, under the cloak of an honorable profession, are nothing but a band of looters and outlawed camp followers. It is most disconcerting and mortifying to admit that the relaxation of the moral conscience—not only in medicine but in other liberal professions, in which intelligence, if not always intellect, is necessary for success—has been increasing instead of diminishing, with the advance and improvements in the life-saving methods of surgery.
This evil has grown so serious and menacing to the good name of surgery that a national organization known as the American College of Surgeons, of which I happen to be one of the officers and founders, was expressly organized to root out this growing and pernicious evil. Dr. John Chalmers Da Costa, whom I have already quoted, a genuinely great surgeon and one of the most vigorous and inspired spokesmen of the profession, puts this matter plainly before us when he writes:

"Such a procedure (fee-splitting) is worst than larceny, for robbing is larceny by force, and the patient is placed in such a position that he is compelled to pay beyond the operator's fee. The surgeon should make a fair charge for his services. Anything beyond this, is extortion. If he charges merely his regular fee, and then pays a commission out of it, he is bribing the family attendant to bring him a case; by the expectation of this bribe, he is tempted to select, not the man who, according to his judgment, might be the best man in the case, but, rather, the one who would pay the highest commission. It is not only a humiliating and disagreeable business, but it is also a tempting one, particularly to the unthinking. Many a young man has done it for want of instruction as to its impropriety, and it is extremely easy to form the habit. He frequently gets into the habit innocently and does not come to realize how offensive it is to respectable members of the profession, just as it is quite likely that a polecat is not impressed with his own offensiveness. It is disgracing the profession, and puts it on a level with the broker and other tradesmen. The man who makes a custom of paying commissions has the effrontery of the confidence man, the skill of the picket-pocket, the conscience of a bank burglar." It is intensely offensive to the spirit that dominates and guides the conduct of the honest surgeon, as it is discordant with the rules of fair conduct among medical men, which are embodied in "the principles of Medical Ethics," to which every medical man has tacitly pledged his allegiance on entering the medical profession.

But this, unfortunately, is not the only blot. Dr. J. M. Finney of Baltimore, another of Mississippi's honored sons, himself a knight "without fear and without reproach," speaking as President of the newly formed American College of Surgeons, thus expresses himself: "We surgeons realize only too well that we are but human, and that there are none of the frailties common to the race, but pertain to us. We are, all of
us, if we are honest enough to admit it, conscious of the fact that we are continually, with the best intentions, committing errors of judgment, or of execution, or of both. It is hard enough at best, to avoid making mistakes, and no one is free from them, even after years of special preparation and study, to feel himself able to bear the grave responsibilities incident to and inseparable from our most arduous and exacting profession. If surgeons who, in spite of every safeguard known to science, and in spite of study and research, of wide reading, deep thought and constant observation of the work of the masters and of the best clinics, make occasional mistakes, what of those who, either through ignorance or in the hope of gain, without adequate preparation or proper qualifications, are recklessly and continually taking the lives of their fellows in their hands, with results too often disastrous to the health and life of those who trust themselves, often unwittingly, to their care. What of these? Again I ask, are we to sit quietly by when we know that this sort of a thing is going on?

"The American College of Surgeons was organized with the express purpose of doing away with these very evils of which we have been speaking. The American College of Surgeons, of itself is powerless to correct this lamentable state of affairs unless it has the hearty, united, and material support of all thoughtful surgeons. If every individual fellow of the college should make it his business, by every means in his power, to back up the efforts of this organization, to eliminate commercialism and graft, to raise the standard of morals, of ethics and of education in the profession, the time will not be far distant when surgery will have purged itself of some of the foulest blots that stain its past.

"We are not foolish enough to expect that the millennium will come at once as the result of our efforts, but we have reasonable ground to hope and the right to expect that by our united efforts, and with a full consciousness of our own shortcomings, we can at least hasten the day we can look our accusers in the face and truthfully say, both as to individuals and as a profession. 'We have honestly tried to do our whole duty to eliminate from our ranks those who would dishonor and disgrace us, to elevate the standard of morality, of education and of ethics, to make our profession as nearly as possible like the ideal that every honest surgeon has pictured in his mind.'"
Dr. Charles A. L. Reed, of Cincinnati, another distinguished surgeon and ex-president of the American Medical Association, and one of the most eloquent denunciators of the hidden evils that in recent years have been gnawing at the good repute of surgery, in speaking of the fee-splitting and allied evils, analyzes them with keen and penetrating insight and goes a step further into the causes of this ugly stain on our professional escutcheon.

"The fundamental cause of this evil will probably be found," he says, in a recent address, "in the fallibility of human nature. Something in a more positive sense may be set down against the all-pervading spirit of graft. The atmosphere, contaminated by 'Big Business,' through the noisome centers of politics, has obtunded and enervated the normal sensibilities of the body social. We see it from the servant who does our marketing, and the railroad officer who gets his on the side, to the banker who peculates the savings of the widow and the orphan. Lawyers of high repute tell me that the legal profession is honeycombed by the fee-splitting vice. This is revolting enough—this thing of selling our legal rights, selling justice itself, but is infinitely less revolting than the clandestine commerce with human life as its commodity.

"Authors on criminology, statisticians, tell us that society in general has normally a certain proportion of moral defectives. The nearly 140,000 persons who comprise the medical profession cannot but have their fair proportion of this class. But in addition to these, the evidence would seem to indicate that we have more than our normal proportion. Such special consequences point to special causes.

Here are some of them. "Our per capita supply of physicians—one to every six hundred and fifty persons, is from three to six times greater than in England, France, Germany or Italy; but this is not all. By the action of the same overcrowded profession in teaching the people how to keep well, there is twenty-five per cent. less work to do. Modern surgery is curing a lot of cases that were formerly permanent investments, yielding regular dividends to the medical profession. This has taken away another twenty-five per cent., making in all something like fifty per cent., from the physician's income— all within the last two and a half decades. These, too, relatively to the compensation exacted in other callings, relatively to the economic, not to mention the humane value of the services rendered, and relative to the high cost of living, the med-
ical profession is to-day shockingly underpaid. So there is
a bread and butter reason why some doctors try to ‘gather
gain’ by some wiles not justified by honor. The parsimony of
the public towards the medical profession is in large part re-
ponsible for this state of affairs. In the particular relation
under consideration, these conditions generally become oper-
tive through both parties to the transaction. The medical at-
tendant makes the diagnosis, assumes the responsibility of
selecting the consultant, and expends time and money in going
to a conference. This is extraordinary service that calls
for extraordinary compensation. Every medical attendant
should demand such extraordinary compensation; but too often
he is a coward and fails to do so. If he does, it too often hap-
pens that the claim is not allowed by the penurious patient;
then, in the absence of high ethical conceptions on both sides,
the buying and selling begins—with the patient getting the
short end of it. The people, who are vastly more interested in
this question than the medical profession can possibly be, by
thus declining to pay their just debt for honest service, are
now awaking to the fact that, in increasing numbers, they are
being quietly sold to offset their parsimony.”

“The question of the hour is that of ethical quickening,
ethical regeneration, not alone in the medical profession, but
in other professions and in the whole social body, as well.”

To go further into this phase of professional morals would
take us too far away from the original purpose of this disuc-
sion. I have said more than enough, and have consumed far
more time, in dealing with these evils, than they deserve, solely
to show that the surgical profession is fully conscious of the
presence of these deploring practices and of the foul practitioners
who have fastened themselves upon its clean body, like so many
barnacles, to corrode it and clog its progress. Let us not for-
get that, throughout the ages, truth and falsehood have
traveled side by side; good and evil; honesty and dishonesty;
virtue and sin; innocence and guilt—and so have the charlatan
and the impostor, from the dawn of civilization to the present
time, flourished at the expense of the good name, not only of
medicine, but of the law, of the ministry, and of every other
organized profession, trade or avocation.

Charlatanism, like all other forms of parasitism, has always
existed. The outward forms of the parasite—his morphology
—have changed with different ages, cliques and peoples—and, in
this, it has simply followed the laws of adaption to environ-
ment that characterize all other forms of parasitic life. The externals change, but the biologic instincts, the symbiotic habits, and the vamparism of the parasite remain the same.

Let us not then, confuse the parasite with the host. Let us not mistake the genuine for the false. The impostor in surgery is a soulless individual and, as such, he has no place in a discussion on the Soul of the Surgeon—except to repudiate him as counterfeit or false coin.

* * *

But apart from the questions of quackery and dishonesty which have distorted the vision of the honest and conscientious surgeon in the public eye, there are other reasons, no doubt, why the public still entertains some erroneous notions as to his character and ideals.

In spite of our modernity or up-to-dateness, we still live in an atmosphere which has not been depurated of all the sombre traditions which hang around the memory of practitioners of surgery of past generations. The popular idea of a surgeon still prevails in many quarters, that he is an individual who, from the very nature of his calling, is either unfeeling or cruel, if not actually brutal. At best, many believe that he is a man of callous heart and indifferent sensibilities. It is evident that our surgical ancestors had to be possessed of a singular self-control, an iron will, to have been able to wage, day after day, that fearful, almost savage, struggle to wrest man from disease—that was dignified by the name of operation; when the conscious patient was often held down by force while the surgeon with lightning strokes, accomplished his task, swept away great masses of disease, and dismembered the body with the velocity of a cyclone. No wonder that, in the long night that preceded the dawn of anesthesia, that surgeon was at a premium, and stood highest in the esteem of his fellows, who did his work most expeditiously. No wonder that the operations of surgery were indeed limited and largely circumscribed to the gross manifestations or results of injury and disease, and were tolerated until they became absolutely incompatible with life; and then, only when the diseased parts were to be cast away, like so many excrescences, without regard to mutilation. Even then, life was often sacrificed in the scramble to escape from the indescribable agony of the unfortunate victim. What a vast sum of suffering is embodied in a solitary example, when we read the statement that, after a
single battle in the Russian campaign, Dominique Larrey, Napoleon's great surgeon, performed no less than two hundred amputations, at a time when there were no other anesthetics outside of opium and alcohol.

It was not until 1846 and 1847 that the discovery of anesthesia robbed operations of the terrors of agonizing pain. "Quick, slap-dash surgery," a necessity before the days of anesthesia, then gave way to delicate, painstaking, artistic surgery; but, even then, great progress could not be accomplished, as even the most artistic work of the surgeon was doomed to failure, in consequence of the train of evils that followed fatally in the wake of his wounds. It was not until thirty years after, "scarcely half a century ago, that antiseptic relieved patients from the terrors of death and gave to the surgeon restful nights and joyous days."

But think of the conditions that prevailed in earlier periods. In the fourteenth century, when all gunshot wounds and wounds touched with powder, were thought to be envenomed and had to be literally cooked in boiling oil as the only antidote! Of the fearful torture of staunching hemorrhage in amputation, for example, when the actual cautery, the red hot iron, was the only means known to check the spurting flood of blood. No wonder that, when that grand old barber-surgeon, Ambroise Paré appeared upon the scene in 1537 and discovered by chance that gunshot wounds were not poisoned wounds and that boiling oil was not good for them, and with a single bit of good sense demolished all past traditions—he became, at once, one of the greatest benefactors of the race. And what wonder, when a few years later, in 1552, he discovered that bleeding vessels could be tied and that the red hot iron was no longer necessary to arrest hemorrhage, he should have believed himself inspired by God to be His agent for the relief of his suffering fellows! It has been well said that "Prometheus, who brought fire to suffering mortals, is not to be compared with this good surgeon, who took it away from them."

But Paré was not only a great benefactor of the race, through the beneficent transformations in the practice of surgery that he wrought by his epochal discoveries, but he has left us an immense legacy in the vindication of the profession of his time against the charges, or suspicion even, of cruelty and heartlessness, by the record of his splendid life. For his
career teaches us that in spite of the coarse, horrible and terrifying conditions under which surgery was practiced, not only on the battlefield, but in peaceful life, at the close of the middle ages, that he—the most renowned and greatest surgeon of his day—towered far above his surroundings and above the barbarities of his period. He never lost his human sympathy, his love of his patients, his unsleeping interest in their welfare: “Je le pensay et Dieu le guerit,” ‘I dressed him and God cured him,’ were his pious words at the end of what were, at that time, wonderful cures. But how resplendent he appears to us with the halo of brotherly love, the incarnation of human kindness, this simple and good surgeon, in the last years of his life. Here is the picture which is given us of him by Pierre de l’Estoile:

“In 1590, after the battle of Ivry, came the siege of Paris. It began in May, by the end of August, the poor were dying like flies, and the dead were lying in the streets: the agony of that siege, and the fury of the league, under the iron rule of the archbishop of Lyon, belong to history. Paré, eighty years old and with only four months to live, was still afoot in the hot streets among the starving crowd. His practice, you may be sure, had left him, and had gone to Antoine Portail and other surgeons. His grand patients, Catherine de Medici, the king, the Guises, were dead. Suddenly, close to his own house, he came face to face with the archbishop of Lyon: either by chance or of set purpose to speak his mind to him. ‘I remember,’ says Pierre de l’Estoile, ‘about eight or ten days, at most, before the siege was raised, Monseigneur the Archbishop crossed over the end of the Pont St. Michel, when he had his way blocked by a crowd of those who were dying of hunger; they cried out to him, begging for bread or for death; he, not knowing what to say to them, Master Ambroise Paré meets him, and says to him a loud voice, “Monseigneur, these poor people, whom you see here around you, are dying of the cruel pains of famine, and they ask pity of you. For God’s sake, Monsieur, have pity on them, if you want God to have pity on you: think a little of the high place to which God has called you, and how the cry of these poor men and women goes up to heaven and is a warning sent you by God to remind you of the duties of your office, in which you have to answer to Him. Therefore, by that office, and by the power which we all know that you have, bring about peace for us, and give us a way of living; for the poor can no longer help themselves. Do you not see that all Paris is dying, thanks to the wicked men who wish to prevent peace, which is the special work of God. Set all your strength against them: take in hand the cause of this poor afflicted people, and God will bless you and repay you.’ Monseigneur the archbishop said nothing, or next to nothing: only, he was patient to hear him to the end and not interrupt him, which
was not his usual way. And, afterward, he said that the good man had fairly astonished him: and, again, that this was not the sort of politics he was used to hear talked, and that Master Ambroise Paré had waked him up, and made him think of many things." Four months later, Pierre de l'Estoile writes: "On Thursday, December the 20th, the eve of St. Thomas, at Paris, in his own house, died Master Ambroise Paré, the king's surgeon, 80 years old; a learned man, and the chief of all surgeons, who even against the times, all his life talked and spoke openly for peace and for the people: which made him as much beloved by the good as he was opposed and hated by the wicked."

And to close with the past, how about this fragment of the wisdom, the purity, the humanity and the conscience of a medieval surgeon, who lived long before Paré, in the very heart of the dark ages: who wrote a great treatise on surgery,—which was the guide and inspiration and the oracle of the surgeons of his time. I refer to the injunctions laid down for the guidance of those who would follow surgery as a profession, and which are given prominence in the introduction to his Grande Chirurgie, by Guy de Chauliac, the renowned master surgeon of Montpellier. In this extraordinary book, which was published in 1363, nearly two centuries before Paré had attained celebrity, Guy states, among other "Prefaces, which are most necessary for whoever should intend to profit by the art of surgery," what he regards as the qualifications necessary for its successful practice. Thus admonishes Guy de Chauliac: "Let the surgeon be well educated, skillful, ready, and courteous. Let him be bold in those things that are safe; fearful in those that are dangerous; avoiding all evil methods and practices. Let him be tender with the sick, honorable to men of his profession, wise in his predictions; chaste, sober, pitiful, merciful; not covetous nor extortionate; but rather let him take his wages in moderation, according to his work, and the wealth of his patient, and the issue of the disease, and his own worth."

This was the creed of a surgeon, who taught and practised his profession five hundred and fifty-two years ago. These were the doctrines which he sought to inculcate into the minds of his pupils. What code could embody wiser and more humane counsels for the benefit of the followers of the art, in any age, past or present?

What we learn by the writings and the teachings of Guy de Chauliac, Ambroise Paré and their contemporaries, their predecessors and successors, is, that the Soul of the true Sur-
geon has remained ever faithful and quick to the call of pain
and of humanity, and that the harsh friction incident to his
calling, has never, throughout the ages, touched or tarnished
the purity of the surgeon's motive.

* * *

At the present time, to-day, the conditions under which
surgery is practised are no longer those which prevailed one
hundred or even fifty years ago. Undoubtedly, a certain phy-
sical indifference, a cool, calm, deliberate exterior, is a nece-
sary quality in the presence of blood and danger. But this
necessary attitude of the surgeon should not be wrongly in-
terpreted nor exaggerated. Modern surgery is only on extra-
ordinary occasions, accompanied by the terrifying and dra-
matic associations of the past. Anesthesia, or analgesia,
whether local or general, by suppressing pain, consciousness
and fear, has banished from the operative act the gruesome
features that, in the days of our forefathers, gave it its chief
horror and fearfulness. The visible suffering, the agonized
cries of the patient, as he felt the thrust of the keen knife in
an amputation, the audible sawing of the bone, and other for-
bidding details, are unknown to-day. There is practically no
case at the present time, in which surgical intervention must
be performed, in which we would deny the patient the sover-
eign and blessed balm to his sufferings that is offered by the
host of agents which abolish consciousness or pain.

They are in error, and know little of the surgeon's mental
attitude towards his fellows, who would interpret a calm and
unemotional exterior as an evidence of disregard of suffering
or indifference to human life; or who believe that the practice
of surgery suppresses, in the hearts of those who exercise it, all
the gentler qualities of sympathy and finer sensibility.

We, men of the art, well know, on the contrary, that noth-
ing cultivates the noblest human and humane qualities, noth-
ing excites the sense of pity, sympathy and charity more than a
profound knowledge of the causes and of the consequences of
disease processes; nothing more, than the constant contact
with suffering and distress by those whose training has taught
them to gauge these in a manner far more subtle and accurate
than is given to the ordinary well meaning, but purely senti-
mental, observer.

In any event, insensibility or callousness is no longer a
"necessary virtue" in the surgeon of to-day.
It suffices that one should not be afraid of his task. There is no need, as many believe, that the aspirant to surgical success should be possessed, if not of the "lust for blood," at least of "indifference to blood." There is still less place for cruelty. It is no longer a recommendation for the youth who would aspire to surgery, to boast that he was never made sick nor faint by the sight of blood. To-day, some of the most renowned and successful surgeons will tell you that, in the beginning of their careers, the first operation that they witnessed, even when not accompanied by blood, created in them a revulsion of feeling towards surgery, which it took many repetitions of the experience to overcome.

Many of you will, perhaps, recall the amusing incident that Conan Doyle relates, in his inimitable style, in that volume of delightful tales, which revolve around medical life and are known as "Round the Red Lamp."

It is the experience of a young freshman, at a great medical school, who was invited by a senior to witness his first operation, in one of the crowded amphitheatres of medical Edinburgh, to be performed by one of the great masters of the day. As he saw the patient, a poor woman, lying on the table, with a large tumor projecting from her neck, and as he "beheld the glittering tray of instruments, and saw the surgeon pick up the long, gleaming blade, dip it into a tin basin, and balance it on his fingers, as an artist might his brush, his head swam around and he felt that he was about to faint. He dared not look at the patient. He dug his thumbs into his ears, lest some scream should come to haunt him, and he fixed his eyes rigidly upon the wooden ledge in front of him. One glance, one cry, would, he knew, break down the last shred of self-possession which he still retained. He tried to think of cricket, of green fields and rippling water, of his sisters at home, of anything, rather than what was going on so near him. And yet, somehow, even with his ears stopped, sounds seemed to penetrate to him and to carry their own tale. He heard, or he thought that he heard, the long hissing of the carbolic engine. Then he was conscious of some movement among the dressers. Were there groans too, breaking in upon him, and some other sound, some fluid sound, which was dreadfully suggestive still? His mind would keep building up every step of the operation, and fancy made it more ghastly than fact could have done. His nerves tingled and quivered. Minute by minute, the giddiness grew more marked, the numb,
sickly feeling at his heart more distressing. And then, sud-
denly, with a groan, his head pitched forward, and his brow
cracking sharply upon the narrow wooden shelf in front of
him, he lay in a dead faint.

"When he came to himself, he was lying in the amphitheatre,
with his collar and shirt undone. The third year man was
dabbing a wet sponge over his face, and a couple of
grinning dressers were looking on. "All right,"
cried the novice, sitting up and rubbing his eyes, 'I am sorry
to have made an ass of myself.' 'Well, so I should think,'
said his companion. 'What on earth did you faint about,'
'I could not help it. It was that operation.' 'What operation?'
' 'Why that cancer,'
There was a pause, and then the three students
burst out laughing. 'Why, you Juggins,' cried the senior man.
'There never was an operation at all. They found the patient
did not stand the chloroform well, and so the whole thing was
off. Archer (meaning the professor) was giving us one of his
racy lectures, and you fainted in the middle of his favorite
story.'

This is a good story, and it is especially interesting to us,
as it depicts the experiences which many of us have gone
through in the very beginning of our student days.

If time permitted, I would give somewhat similar ac-
counts of my own sickly sensations on witnessing my first
surgical operation. I could back this with many more similar
tales from the lives of surgeons who have made great reputa-
tions for themselves, and for the profession, as operators. But
is there anything surprising in this? Is it not natural that a
boy, or a youth, son of gentle and good parents, brought up in
normal, healthy, and moral surroundings, should not revolt,
and should not feel his imagination and his nerves run riot
with him, when brought deliberately face to face with what
must shock him as a mutilation of a helpless fellow-creature.
Does this fainting at the sight of blood indicate pusillanimity,
or weakness, or inaptitude for the surgeon's vocation? Far
from it. The fainting youth is just the sort of material that
will make the best of surgeons, just as the raw recruit, who
is frightened out of his wits at the first rattle of musketry, or
the roar of cannon, becomes, in time, a splendid veteran. The
youth, who feels deeply, and struggles at his first surgical ex-
erience, shows that he is normal; that he is psychically
and physiologically sound. He shows that he has feeling, that
he has imagination, that he has pity, that he has that human quality which will make him a humane surgeon. He is a man who will worry, and who will, through his very sensibility, feel most keenly the burden of his responsibility when it will be his turn to be a leader and a master.

Such are the students, who, as, Dr. John Brown puts it, "when they get over their professional horrors and enter into their proper work—in them, pity, as an emotion ending in tears and a long drawn breath, lessens; while pity, as a motive, is quickened and gains power and purpose. It is well for human nature that it is so."

It is all wrong for people to believe that the sight of blood is indifferent to the surgeon. On the contrary, the older and the more experienced he is, the more anxious he is to conserve it, and to see as little of it as possible, in the course of his operation. Every real surgeon is happy when he can speak of his bloodless operation, and he is miserable when he has to admit that he spilled much of it in an unavoidably bloody one.

Gentleness, compassion, tenderness, do not exclude firmness. Persuasiveness and authority may travel hand-in-hand. Neither are resoluteness and an inflexible will incompatible with an inexhaustible patience and genuine sympathy.

"The bravest are the tenderest;
The loving are the daring."

*  *  *

A surgeon's life is a very hard one. "It is a life of endless strain. During most of the hours of every day, his faculties are keyed up tense, almost to the breaking point, and physical tire goes hand-in-hand with mental exhaustion. He must carry, and carry naturally, the heaviest responsibilities."

An educated layman once said to Dr. Cheever, one of the most distinguished and honored of New England surgeons, "If you undertake an operation and do your part, and anything goes wrong, should you feel any more responsibility than the carpenter who does his job, and has no more anxiety about it?" Going a step further we have the uneducated public, who believe like Bob Sawyer's landlady, that surgeons are licensed cutters "without care or conscience." That this cannot be the enviable state of mind of the educated surgeon will be familiar to anyone of us who exchanges in his position, the calmness of an assistant for the anxiety of the principal in
a capital operation. "Would that this callousness did more generally prevail," is often the wish of the overworked and too sensitive surgeon. "Bad for humanity, but good for us," would be the verdict of all our brethren. This false estimate of the surgeon's indifference may be general, but it is, we repeat, almost never true.

The architect who swings a great stone noiselessly and safely into its place, the captain on the bridge of a coast nearing steamer, the locomotive engineer who runs the express, the commander of a great ship, freighted with human lives, entering dangerous waters, fearing the approach of a submarine—these are comparable examples of the alertness, the vigilance, the ever present and wearing anxiety of the surgeon, watchful of the field of danger beneath his knife. He also is burdened with the whole weight of the chances of life, or death, of his patient from his constitutional condition. How much can he stand, and how long can he stand it? These questions are ever present, "Is it safer to stop or to go on," are problems as familiar and as unpleasant to the operator's mind as the diagnosis and decision as to whether he shall begin at all. "In the present feverish condition of operative surgery," continues Cheever, "it may be prudent to ask ourselves first, what is the object of the operation; second, how shall we regulate our conduct in unforeseen contingencies?" Again, with Cheever, we may, perhaps, condense the problem into the following simple question: When to operate? When not to operate? When to stop? When not to stop? It can hardly be a disputable assertion that aspisia and immunity have rendered exploratory operations, based upon a halting diagnosis, more frequent—far too frequent, because of their relative safety—than in the past. And yet, in dealing with the life and death of a human being, what operator of any sensibility can put aside the saying of the Roman philosopher, "I am a man, and nothing which relates to man can be foreign to me." (Homo sum, humani a me nihil alienum puto,—Terence).

To return to the surgeon and his worries. Of course, he will worry about his patients. Every conscientious man must do so. "A man who doesn't worry at all, doesn't care a whole lot," says Da Costa, and we all must agree with him when he says "I should not want a man who did not care a whole lot, operating upon me or mine." "Perhaps," as he says, "worry is a device of nature to make us try to do our best. If we knew we should not worry, we might be tempted at times
to be careless. If a surgeon analyzes his worry, he can get a
line on the sort of a man he is himself. If he worries only
because he feels he may be sued, may lose a bill, or may hurt
his reputation, then, with him, the voice of conscience is the
fear of being caught. He must expect much harsh, unjust
criticism, and when he is the victim of it, all he can do is to
follow Joseph Pancoast’s advice and make his shoulders broad
enough to bear the burden. A surgeon must learn by self-surrender,
and all his life must wear the iron yoke of duty.”

Yes, the life of the surgeon is toilsome, anxious and re-
sponsible. It is a life of stress and strain. “It is small won-
der that surgeons as a class are not long lived. The life is full
of tragedy. Sometimes it seems as if a malign destiny were
intervening in our affairs. This so impressed Valpeau that he
came to believe in the rule of three. It so influenced Progooff
that he wrote an essay on ‘Luck In Surgery.’”

* * *

In again reverting to the worries of the surgeon, it is evi-
dent that the nature of the diseases that it is our function to
attack, and the condition of the patient, upon whom we operate,
no doubt determine in great part the character and intensity
of the emotions that are excited in us by the issue of our ef-
forts against them. But if the nature of the ailment, which we
are attacking, and the circumstances under which the opera-
tion is performed, exercise a modifying influence upon our
operative and pre-operative attitude of mind, there is still an-
other element which is equally significant and important in the
influence which it exerts upon our psychic sensibilities—and
this lies in the personality of the patient himself.

In spite of the triple coat of mail, with which the sur-
geon must often encase his heart, in order to accomplish his
task successfully, he is nevertheless, a man, a human being,
and, as such, he is unavoidably and most painfully affected by
suffering and death when these overtake the young, the gentle,
and the beautiful.

The following incident, occurring in the life of the venera-
ble elder Gross, is related by his present worthy successor,
Dr. Da Costa. He operated for stone in the bladder upon a
beautiful golden-haired boy. The next day, he was walking
along a hall of the hospital, with bowed head and stern, set
face. Someone went up to him and said: “Professor Gross,
how is that pretty child you operated upon yesterday?” Dr.
Gross answered, almost fiercely, "That child is dying, and I wish to God I had never been the surgeon."

How many surgeons, placed in similar circumstances, have wished that they had never been born, or would willingly and gladly give up everything they possessed, if they could only restore to life someone lost who had trusted himself to their care.

Infirmity, disease and death in the aged, are natural phenomena. They present a fateful and unavoidable character that causes them to be accepted as the natural consequences of the weary of time, of the degenerative and atrophic changes of senility. The transition between life and death should be gentle in the winter of life. Death, under these conditions, is invested with a certain grandeur and poetry, if it comes to a man when he has completed his mission. He reaches home with the sunset, and with the departing day lies down on his couch and folds himself to rest and sleep, after the long day's work is over. There is nothing to fear, nothing to dread, except by those poor souls that approach the problems of the unknown and unknowable eternity, with fear and trembling; who see before them a long night of terror; those in whom the imprint of ancestral superstitions and the seal of puerile dogmas have not been effaced, and who, rocked in the cradle with fantastic legends, still entertain visions of everlasting punishment; those who, in fine, look upon death as an eternal and terrifying ordeal, rather than a supreme and restful slumber.

But death is cruel, it is absurd, it is abominable, when it attacks the infant at the breast, and the child that is born to live. When it attacks the robust man, in the plenitude of his virility and usefulness, and when his mission is only begun. When it destroys the young mother, leaving after her her orphaned offspring to the uncertainties of fate. But the most desolating death, that which cuts the deepest intaglio in the tablets of our memory, is the death of the young woman stricken in all the splendor and fragrance of her youth. If to the natural charm, sympathy and gentleness and confining trustfulness of youth, she possess, in addition, the most visible and fascinating of the feminine qualities—beauty, we sum up a combination of elements which are calculated to intensify to the utmost the keenness of our undetachable responsibility.

How could the surgeon be human, and remain insensible to the splendor and magnificence of beauty, for "even in this century of science, and unsentimental practicality, as in the
classic days of history, as in the most remote civilizations, as
with the heroes of ancient Greece, as with the soldiers of im-
perial Rome, as it was with the divine artists of the middle
ages and of the Renaissance, as it was with Raphael, Michael
Angelo, with Leonardo, with Murillo, as it has been ever, every-
where, always, Beauty retains her splendor and her all-pui-
sissant attraction. And, when all else is swept away, she alone
remains as the incarnation of the physical idealism of the
race, the eternal sovereign, the sublime idol, before whom hu-
manity is ever ready to incline and prostrate itself, and whom
the gods themselves adored on their bended knees?" 

Beauty wields her sceptre and also commands with her
puissant sovereignty in the hospital, in the bed where lie the
injured and afflicted, on the operating table, even on the cold
marble of the dead house—and that is why the spectacle of
Beauty stricken by Death swells our hearts with a secret and
undefinable pain and anguish, and an infinite bitterness.
(Faure).

The approach of death is often accompanied in many pa-
tients, especially in those who are young, by a sort of calm and
peaceful serenity, which is explained by the cessation of pain
and the state of semi-consciousness, which is brought about
by the profound intoxications. Under these circumstances, the
features become finer, the nose thinner, the eyes sink percepti-
ibly under the supra-orbital arches and are surrounded by a
dark halo which contrasts with the ivory pallor of the visage.
What purity, what gentleness, what nobility is often revealed in
the pale feature of the dying woman when stricken in the bud
and bloom of life!

What mysterious flame is that which lights those eyes, in
their fixed gaze, as in a dream, just before they are extinguished
into eternity!

Faure, one of the most distinguished and gifted of con-
temporary French surgeons, whose poetic appreciation of the
psychology of the surgeon is the best contradiction to the state-
ment that the surgeon is devoid of feeling and of sentiment,
and whose genial writings have inspired and prompted much
of what I have just said, tells us of the following personal ex-
perience which is pertinent to the subject:

"Late one night, I was called hurriedly to attend a young
woman who had been brought to the hospital in a dying condi-
tion. She had been seized that same morning with all the
symptoms of a fulminating appendicitis, which had made frightful progress with every hour that had followed the onset of the attack. She was scarcely twenty years of age. Her face was pure and admirable. Her great dark eyes were gentle and confiding and the charm of her features was intensified by the pallor of suffering. Her grace, her charm, and her beauty, and her gentle resignation, the tender and perfect confidence with which she gave herself up to our care, instantly created about her an atmosphere of irresistible sympathy, of devoted and fraternal friendliness.

"Several of the interns, who were on duty, came to me to offer their assistance. They were all, as I was, struck by the beauty of this pure and gentle creature. In their young faces, although ripened by daily contact with human suffering and by their practical and arduous life at the hospital, showed plainly their deep interest and anxious concern. While I was examining the patient, they waited for my decision as for the sentence of a judge. Believing that it was my duty to give the unfortunate girl a chance for her life, notwithstanding the evidence of an overwhelming toxemia, I decided to operate, and we all proceeded in silence to the operating room. In a few minutes the patient was asleep and lying on the table under the glare of an intense light.

"The body of the young woman, white as that of a marble statue, was as pure, as noble, as perfectly beautiful as her faultless face. It seemed to me that it was something of a sacrilege and a profanation to open her admirable flanks and to plunge the edge of the scalpel into her sculptural body; even though this act were intended to tear away the envenomed sting of disease, and to wrest her from the clutch of death.

"The operation proved to us that the ravages of the disease were even greater than we had supposed and that there was little room left for hope. Then I felt around me the gloom cast upon us by our impotence, and the mute revolt against the decree of an implacable destiny; but hope is tenacious, and "springs eternal in the human breast," and is lighted up often by the feeblest encouragement. The next morning, the patient seemed better. I found her smiling and almost gay, as her sufferings of the previous day had been relieved. It was with infinite gentleness, with all the care and precautions that a mother would bestow her first born, that the first dressings were changed, and we were all comforted and cheered by a new hope.
The next day, the merciless infection had asserted itself and claimed the victory. Our poor, dear patient, more beautiful if possible than ever, was dying. The great lustrous eyes, which grew larger with the approach of death, were now vacant and lustreless; her superb chest moved convulsively with each gasping breath and the tracheal death rattle kept time with the failing respiration. We stood by her, silent and motionless, with a strange grip on the throat and with eyes dimmed by uncontrollable tears."

These are cruel moments. If, in the course of an operation, the surgeon is assailed by violent emotions the rapidity with which they follow each other and the physical exertion in which he is engaged, sometimes, the very gravity of the circumstances in which he is placed, absorb all his energy and suffice to divert his mind from all other pre-occupations.

These violent and often terrible experiences do not possess, however, the poignancy and intensity of the more deliberate reflections which come on after the tragedy is over. Then the merciless, self-imposed, direct and cross-examination begins, in which the surgeon, standing before the bar of his own conscience, asks himself what part of the disaster may be attributed to his own sins of commission or omission; or if the outcome of that fatality is merely the result of accident and gratuitous circumstance, that which is called 'luck'—which no man can possibly alter or divert.

Among the experiences that surgeons go through most frequently, are those states of mind that make themselves felt in the course of the first two or three days following a critical operation. It is usually during this time that the fate of the patient is decided. An unutterable feeling of doubt and apprehension hangs over the operator as he approaches the sick chamber. He feels then that in a few minutes, perhaps a few seconds, he will learn the good or bad news. A glance at the patient, a momentary feel of the pulse, will tell him that he is present at his triumph or his defeat. When all goes well, the relief to his pent up feelings is immense. His heart is relieved of a great burden, and everyone feels the vivifying stimulus of his restored confidence and cheerfulness. When things go wrong, which is happily the less frequent experience, or when some new or unexpected sign appears, which is the forerunner of a serious complication, no amount of self-control, or
forced animation, can dispel the doubt and the anxiety that now dominate the surgeon's thoughts.

In the wards of a great hospital, or in the service of a surgeon of large reputation, whose operations of magnitude and of a critical character are performed almost every day, these hard trials with their inseparable emotions, recur with periodicity, and with little respite, to agitate and worry the sensitive and conscientious surgeon. Fortunately, they are not all of the same intensity, but they all leave their impress upon the physical and mental make-up of the surgeon who loves his patients and his work. These daily anxieties and trials are the little drops that, steadily falling, hollow the rock—*Cacant lapi-dam, non vi sed saepe cadendo.* They are the ingredients that make up that tincture which bleaches us and makes us prematurely gray, if not bald and wrinkled. It has been well said that the surgeon leaves his mark on the bodies of his patients, but they plow theirs in the furrows and the wrinkles of his brow.

The business man insistently reminds us that "Time is money," but the surgeon is reminded, before he has gone over many milestones in his career, that *time is life.* Life, his own life, which he gives away freely, prodigally, daily, hourly, with all that is best in him; a life that those who grudgingly pay his bills, and those who do not, and those who are the recipients and beneficiaries of his bounty,—usually fail to appreciate.

* * *

It is indeed an impassioned and troubled life, that is ours. One in which we can scarcely claim a single moment of mental ease and quiet. It has its great joys, its superb and glorious hours; but it has also its tragic hours, its hours of bitterness and desolation. And yet, the real honest surgeons, all love it. They love it, in spite of its fatigues, its worries and its emotions. "We love it," says Faure, one of its truest lovers, "We love it, because to the true votary of his art, surgery is beautiful; because it is great; because it is noble. Because, if it is a career involved in violent and often soul-stirring and heart-breaking emotions, it is also a source of deep satisfaction and lasting joy. Think of the mighty helpfulness of it, of how many lives it saves, otherwise hopelessly lost; of how
many it frees from loathsome disease, from racking torture, from cruel deformity." With Dr. Da Costa, let us think of its certainty, its quickness, of the numerous sciences and infinite details, all marshaled to aid us, and all put at our disposal.

"It is a triumph to successfully complete a difficult and dangerous operation and to know that we have done the best by the patient. It is a triumph to meet, and master obstacles. It is a triumph, a splendid one, to save a life by surgery. A man who has long practiced surgery, and practiced it well, has a right to feel that he has not lived in vain; but has done good to his fellowmen." (Da Costa.)

And that is why we love surgery, and, also, because it is infinitely varied, always offering us something new, something reascent. We love it, "as the sailor loves the sea which buffets him, rocks him on its bosom, and so often engulfs him; as the explorer loves the limitless desert, the inaccessible peaks and the thickest forests, in which he is lost, in which he suffers, in which he hangers and dies; we love surgery as the soldier loves strife and the bugle call of battle, in spite of all its terrors and its horrors, all its pains, its defeats." Yes, I repeat, surgery is a beautiful art. It is a noble and a soul-stirring calling. I have laid stress upon its pains, its bitterness; but "what joy can be sweeter, or can compare with that of conquering disease, triumphing over nature, and to be even stronger than death!"

And, no matter how little it may be—how happy the moment of inspiration when we are able to conceive a fertile idea, an invention, or a discovery, which shall help to forge some new weapon against disease and death! What greater compensation than to know that we have done something that will survive our memory, and live through the lapse of time, even like the humble artisan who feels, when he has laid the stone, that he has helped to build an enduring edifice which is destined for ages to shelter his fellows, by caring for their miseries and affliction. Let no one speak without reverence of that magnificent institution which is called surgery. Let us love the spirit which animates and guides her true knights, for she makes her sons better, nobler men; because surgery is a sublime inspirer of the most useful, the most humanitarian efforts; inspirer of sympathy, of kindness and of pity for the feeble and the miserable and the unfortunate of our kind.
The life of the surgeon, though a hard one, is indeed a beautiful life. Let me repeat reverently these lines from Faure.—When the last hour comes to the conscientious and honest surgeon, no one can lie down to sleep the slumber of eternal night, with greater composure and peace. Happy is he, who, listening to the voice of his conscience, shall hear her murmuring in his ear the comforting words which tell him that, whatever his failings and shortcomings, he has done more good than evil; that on this earth, where joy and misery travel side by side, his hands, though blood-stained, not unlike those of the Savior, have relieved more suffering than they have caused pain.

WEDNESDAY, MAY 12TH. MORNING SESSION, 9 A.M.

SECTION ON OBSTETRICS AND GYNECOLOGY.

THE VOMITING OF PREGNANCY.

L. L. MINOR M.D.,
HOLLYWOOD.

This most familiar and most troublesome condition is perhaps also the most common of the disturbances peculiar to the pregnant state. The remedial agents used are legion and to enumerate them would occupy all the time devoted to this Section on Obstetrics and Gynecology. Nausea and vomiting, especially in the morning and following suppression of the menses, are signs to which the women themselves, and the laity in general, attach great value. It is one of the first of the doubtful or presumptive signs of pregnancy. The vomiting is caused by the growing and expansion of the uterus, thus stretching and dilating the structures of that organ, which causes a reflex irritation of the sympathetic nervous system upon that center of sympathies, the stomach. The treatment will be divided under four heads.

There are few known therapeutic agents which have not at one time or another been essayed as remedies for hypere-