a little ordinary kitchen salt to their bath, continue the practice for some years longer, particularly if the state of the bowels be attended to.

Baths of warm saline will be found most useful in the treatment of a variety of skin diseases, and particularly so of psoriasis. The bath may be also medicated by various remedies, but its basis should be normal saline. Hydropathic establishments, which can provide massage-douching with diluted sea-water, ought to become popular resorts with patients suffering from rheumatism. Whenever prolonged hot immersion baths are given for rheumatism, &c., the water ought to be rendered saline, so that the effect may be as soothing as possible. The Harrogate Corporation have, at my instigation, added to their numerous baths brine-baths—the brine, similar to that at Droitwich, is imported from Middlesboro'—and they have proved very useful.

Gynæcologists use largely douches of hot water. Now, on very little consideration, I think anyone will appreciate how much more soothing to the mucous membrane is a prolonged douche of hot sterile normal saline. It is a very simple procedure to have a jug of cold saline which has been boiled, and one of boiling saline, so that the required temperature may be attained. Every quart of water requires the addition of about 90 grs. of salt. There are some forms of sterility which undoubtedly yield to a course of douching with hot normal saline. The condition of the mucous membrane of the vagina is rendered more healthy, and the saline solution is one in which the spermatozoa live, whereas plain water kills them. I have had some excellent results from this treatment.

NOTES ON AMERICAN HOSPITALS.

BY CAMPBELL DOUGLAS, L.R.C.P.E.

"Hear now a song—a song of broken interludes—
A song of little cunning; of a singer nothing worth.
Through the naked words and mean
May ye see the truth between
As the singer knew and touched it in the ends of all the earth."
—KIPLING.

RECENTLY it was the good fortune of the writer of this article to spend some six weeks visiting American hospitals, and learning at first hand something of the way in which his

American medical brethren did their work. Some impressions of the men whom he met, and of the work which he saw carried out, are here recorded. As six weeks' acquaintance with anything is hardly enough to enable one to pass judgment upon it, so these notes of a holiday trip do not pretend to give more than a general impression left by a flying visit across a continent—the composite picture formed from a score or two of individual films. If anything I say should hurt the susceptibilities of my American friends, I crave their indulgence, and assure them that I shall try to be honest in my criticism, and record nothing which I have not seen, and repeat nothing which I have not heard directly. For them all I have a high regard, and some of them I should feel honoured to count among my personal friends. If it is given to me to again visit the United States, I shall seek with great pleasure to renew acquaintanceship with not a few of them.

A few weeks or months spent in the workshops of our American colleagues will probably do more than anything else to teach one that all the wisdom of the world is not contained in one's *Alma Mater*, and at the same time are apt to make one an enthusiast for that British-American friendship whose growth has been so remarkable within the past two decades. In no section of society can the increase of this friendly feeling be stimulated more than in that which embraces the medical profession, whose only aims are mutual, and never antagonistic; whose object is the demonstration of scientific truth, not the piling up of fortunes; and whose goal is the conquest of disease, not the conquest of each other. Nothing will help on the growth of this friendliness more than travel in each other's country, and it is probable that there has been too little of this in the past. Cheaper rates and quicker transit are gradually leading towards the time when we will discuss the advisability of going for our short vacation, not to the Isle of Man or across to Holland, but to Hot Springs or San Catalina.

A writer in an American medical magazine recently confessed that he thought the best time to take a foreign trip, which would include the study of foreign hospital methods, would be after fifteen or twenty years of hard general work, when one was fagged and in need of a rest, and when one was able by one's own work to appreciate the value of another's. From this view I would dissent for two reasons—first, because a man who has never been much away from a general practice for fifteen years ought to go back to college—his own college—and stay there all the time, if he wants any sort of brushing

up; and, second, because if one intends seeing much of foreign hospitals, and has only a limited amount of time, he ought to be fresh enough to "hustle round" without feeling fagged all the time. The man fresh from active hospital work in the home country, be he visiting surgeon or interne, is in a better position to compare home methods with foreign ones, and will at the same time learn more from and notice more of what he sees. It is true, of course, that the Atlantic trip, which is the preliminary to every holiday in America, braces one up, and takes all fag out of one, making in itself the pleasantest of holidays; and when the time comes when we are able to take a week-end in New York, we shall probably look back with regret to the days when it took a week to cross, and when one didn't have the previous day's news served up at the breakfast table every morning by wireless telegraphy. The best time of the year to visit the States is not July or August, when we usually take our holidays, for the chances are that the leaders in the surgical and medical world in America are on holiday too. Thus Osler, Halstead, and Kelly leave the Johns Hopkins for Europe or elsewhere as soon as the students' session closes in May, and a visit to Baltimore while they are gone is apt to be a little disappointing. Probably May or late autumn, or any time that the students' session is in full swing, would be the time to go across. One does not exactly wish to go round with the house-physician while the professor is rusticating amongst the hills, or watch the house-surgeon carve while his chief is "back East."

In a note to the writer, wishing him a pleasant trip and the acquisition of fresh knowledge, Sir William Macewen remarked that one was always sure of a welcome in American hospitals at any time; and though this is literally true, yet one is none the worse of having one or two introductory cards to some of the more prominent men in foreign hospitals, and I would take this opportunity of thanking those who so willingly obliged me in this respect, and through whose kindness I was enabled to gain a closer insight into American hospital ways than I might otherwise have done. One could not help being gratified at the cordial spirit of freemasonry which existed among the medical fraternity of the United States, a spirit of brotherhood which made the presentation of one's card change the sharp scientific business man into the eager delighted friend, who could not do enough to make your stay both pleasant and profitable, and who sent you on your way with mutual regrets that you had to part, and with little personal notes of introduction to confrères in distant cities. This is one

of the most lasting impressions which I have taken away with me.

It might seem at first that there was little difference between American hospital methods and our own, except in minor details; yet, on closer inspection, many and fundamental differences can be found affecting their hospital buildings, the financing of their institutions, the admission of patients, their ambulance system, and numerous other things. The way in which their ambulance system is operated differs considerably from our own. Each hospital has its own ambulances, and with these drains a certain district of the city. When an accident occurs in a particular district, a policeman will, from the nearest telephone, ring up whichever hospital happens to be nearest the scene of the accident, and in a few minutes an ambulance is on the spot. Each of these ambulances, moreover, when it goes out, is accompanied by an assistant house-surgeon, who is for the time being on ambulance duty, so that the patient gets into skilled hands at once, and there is little chance of anyone dying of hæmorrhage or some such preventable cause while on the way to hospital. In Bellvue Hospital, New York, I saw an ambulance standing outside the stable, horsed, and ready for any call that might turn up. The moment a call sounds in the stable, the ambulance dashes round to the exit gate, where the interne on ambulance duty at the time is already waiting, bag in hand. He jumps in, shouts the location of the case to the driver, and in a moment they are on their way to the scene of action. If the case be a trivial one, it may be treated and sent home, or driven home right away, or it may be taken to the hospital for temporary or prolonged detention. By such a system cases are more quickly reached, and more quickly taken in hand, though the system is more applicable to large cities than to small towns. The following incidents serve well to illustrate the value of a medical man going with the ambulance:—A call from the other side of the island came to Bellvue one afternoon during a spell of very hot weather. The doctor found on his arrival that the patient was a man overcome by heat, and with a temperature of 109° F. The application of an ice-cap to the head, and sponging the man's body with ice-water all the way to hospital, brought his temperature more nearly to normal, and probably saved his life. On another occasion a hurried call came to the New York Hospital from a few blocks away, and when the ambulance reached the spot, some five minutes later, the house-surgeon, whom I had the pleasure of meeting, and who was a very smart man indeed, found a boy who had

been run over by a motor-car, and was very blanched and shocked. Making a provisional diagnosis of internal hæmorrhage of a serious character, he picked the boy up in his arms, and drove to the hospital as fast as his horse could gallop. On reaching it, he went at once, with the boy still in his arms, to the theatre, where Dr. Lewis Stimson was at the time finishing an operation, and, without waiting for preparation of any kind, the abdomen was opened, and a spouting superior mesenteric artery quickly caught with forceps.

To become a house-surgeon or house-physician in almost any American hospital, one has to pass a competitive examination, and for the appointments in the larger hospitals there is keen competition. As with us, the men who have done best work as undergraduates generally get in. The length of service varies greatly in different hospitals, but is longer than with us as a whole. A man may enter a hospital, and stay in it for a year or two years or longer, but during this time he may not be more than two or three months in any one set of wards, or under one chief. Thus, in the Roxburgh Hospital in Wissahickon, the housemen spent three months on the medical side, three months on the surgical side, and three months in the laboratory, doing all the chemical, bacteriological, and pathological work of the hospital. This is certainly a disadvantage from the visiting surgeon's or physician's point of view. In other hospitals the same thing occurred, though perhaps an extra month might be spent in each department. In any case, the men must go through the various branches of hospital work in one continuous service, and cannot, as is frequently done with us, break off for six months or a year, and then return for a fresh turn as interne. In some of the larger hospitals, such as the Johns Hopkins and the New York Hospital, the term of service is longer than elsewhere, and the men are kept more strictly to one side of hospital work—medical, surgical, or gynæcological. Thus, in the latter hospital there are two surgical divisions, each with four internes, and the work of the two divisions is kept separate. During the first six months the interne anæsthetises; during his second six months he assists at operations; his third half year is spent on ambulance duty or in taking instruments; and during his final period of six months or more he has charge of the surgical wards, admits cases, acts as first assistant when his chief is operating, and very frequently operates himself. Both the house-surgeons in this hospital (the senior man in each division is alone called house-surgeon) had done many laparotomies for pyosalpinx, appendicitis,

hernia, &c., nor were they alone in this respect, for I found the same thing to occur at the Cook County Hospital in Chicago, and saw several operations by house-surgeons in the Johns Hopkins Hospital. Whether all this was right from the patient's point of view, I leave others to decide. By the time their term is finished, however, the house-surgeons' knowledge of operative technique is considerable, and as one of them said, they are "ready to tackle anything." In the Johns Hopkins Hospital the offices of resident physician, surgeon, and gynæcologist are more or less permanent (that is, the man appointed can remain in the position for years if he cares to), and a small salary is paid. Those under them are termed house-officers, are elected for a year, and are eligible for re-election. That many of these junior men never reach the senior posts is evident, when one learns that there have been but three house-physicians in the past fourteen years, the present occupant, Dr. M'Crae, having been there some three or four years, and his predecessor, Dr. Thayer, nearly seven years. These housemen take an active part under the direction of their chiefs in the teaching work of the hospital. In operating they were assisted by their juniors, who treated them for the time being almost like chiefs. Most of the internes whom I met impressed me with their smartness and fitness for work, and seemed to take a pretty keen interest in doing their work well. Yet, in one big hospital in New York, I saw three housemen fail to recognise surgical emphysema following tracheotomy. Others, again, knew few men or books outside their own university or city. In their social relations, when they were off duty as it were, they proved always to be the best of good fellows, and I have passed many a pleasant hour in their company on the tennis court, or at the dinner table, or in the snug sanctum of some senior resident, chatting and comparing notes. I do not know that the Bohemian hilarity of the Scottish hospital symposium is ever indulged in, but they can enjoy themselves too, when they get together of an evening, with music, and song, and story. Their rooms were more than up to our own as regards size and furnishing, although in some hospitals two men shared each bedroom; and in the Philadelphia Infirmary three men slept in one room, and had, of course, a common sitting-room and dining-room. The "cuisine" was always excellent. In the Episcopal Hospital in Philadelphia, the dinner-table is provided for out of a fund left for that special purpose by a former resident. Here is a most practical suggestion for "old residents."

America is a new country in many respects, and among

others in the matter of hospital buildings. Most of the hospitals are smaller than ours, averaging three to four hundred beds, though the State hospitals, where the very poor, chronics, fever cases, and sometimes insane patients are received, may reach a huge size, as in the case of the Philadelphia Hospital, which has five thousand beds, and the Bellvue, and Cook County Hospital, Chicago, both of which are of great size. Most of the general hospitals are comparatively new, up-to-date buildings, often planted in the centre of the town, with very little ground around them for convalescents to exercise in. The plan of building in the majority of them is to have pavilions or blocks, three or four storeys in height, and connected by corridors. Some of them have excellent situations as regards air and sunlight, particularly St. Luke's Hospital in New York, built on the summit of Cathedral Heights, on the outskirts of the city; the Pennsylvania Hospital, in the suburbs of one of the most beautiful cities in America; and the Johns Hopkins Hospital, situated on the top of a hill, well above the smoke and dust of Baltimore. The average number of beds in each of these is about three hundred. The larger and better hospitals are very frequently denominational, that is, are kept up and supported by members and adherents of certain religious and other organisations. The Mt. Sinai Hospital in New York, kept up by the Jews; the Providence Hospital in Washington, maintained by the Catholics; and the French Hospital in San Francisco, supported by the French society of the city, are examples. The wards in nearly all are large and wide and airy, with plenty of cubic space to each bed, the average number of the latter varying from twenty or twenty-five in the general hospitals, up to forty or fifty in the State hospitals, with their closely-packed, low-roofed wards. In one hospital an idea in flooring with different coloured tiles had been carried out, with very pleasant effect, but in most, the floors of the wards were of polished wood. On the other hand, nearly all the corridors, entrance halls, and theatre floors were formed of small pieces of marble, embedded in concrete, forming a mosaic pattern. The three hundred odd beds, which constituted the average hospital, were not, however, free beds for charity patients. Perhaps a fourth, or a third part of them, might be in private wards of two or three beds, or in private rooms of one bed. Thus all the hospitals, except the State hospitals, receive paying patients, and the system of nursing homes, unconnected with any hospital, for the treatment of

those able to pay, is quite unknown. In the Providence Hospital in Washington, I saw some very beautiful private suites, where the patient had a private bathroom attached to the bedroom, and an extra room for any relative who desired to remain near the patient during his illness. Senior students are admitted to the private operations, and the patients are under the care of the house-surgeon or house-physician.

Great attention has been paid to the operating suite in most American hospitals, and its newness and first-class equipment are very apparent. Frequently the operating block is by itself, attached to the end of the surgical pavilion, the suites for the different floors being placed on top of one another. The operating-room is at one side, the sterilising-room, surgeons' dressing-room, instrument-room, etherising-room, and surgeons' bathroom opening off an ante-room on the other side. The favourite material for the walls and doors of the theatre, and the siderooms connected with it, is solid blocks of marble. Each door may be cut from a single piece of nearly white marble, swung on very heavy brass hinges. While the amphitheatre where operations were performed before the class was often large enough to accommodate five or six hundred students, the private operating-rooms might be just large enough to serve the surgeon and his assistants. As showing the cost which these marble theatres entail, I was assured that the large marble operating-theatre of the Medico-Chirurgical Hospital in Philadelphia (they call it "Medico-chi." for short) was built at a cost of two hundred thousand dollars (£40,000). It certainly was the most magnificent operating-theatre I had seen anywhere. When the surgeon enters the dressing-room, he divests himself of all his clothing save his undershirt and socks, and proceeds to don a sterilised suit of duck or cotton cloth, and a sterile, closely-fitting skullcap. Then he sterilises his hands, and, lastly, puts on a sterilised gown and sterilised rubber gloves; and has his moustache and beard, if he has either, covered in by a bag or a turn of bandage over the vertex and under the chin. He has goloshes or sandshoes on his feet. This was quite a common method of preparation for operation, and was the one adopted by Lilienthal in New York, by Deaver in Philadelphia, and by Murphy in Chicago. The assistants follow the chiefs' example in every detail. Though bathrooms with shower, and spray, and plunge were attached to several of the theatres, I do not know that they were often used, but sometimes the surgeon had a bath to cool himself after a tedious operation. I will

always remember standing for nearly four hours one afternoon in the New York Hospital theatre, watching several difficult and prolonged abdominal sections being performed by Dr. Hartley, while the thermometer indicated a temperature of 97° F. in the shade. I felt like joining the house-surgeons in the cold shower which some of them took before we went down to dinner.

While the surgeon is sterilising his hands and donning his operating clothes, the patient is being anæsthetised in an adjoining room. In almost every hospital in the United States the patient is first put under with nitrous oxide gas, and the anæsthesia is kept up with ether. The Bentley inhaler, which could be used for both gas and vapour without removing the mask from the patient's face, was the favourite instrument in New York, but elsewhere the cone-shaped towel was generally used for ether administration. Amongst the many administrations which I witnessed in different cities, from New York to San Francisco, I never saw a single alarm given, or artificial respiration resorted to. I have seen ether given badly, yet without seeing any evil result to the patient, and seldom was there any retching or vomiting. The usefulness and safety of ether as an anæsthetic agent was one of the things which impressed me most during my stay in the country. Most American surgeons maintain that the supposed bad results in bronchial and renal cases are greatly exaggerated. I seldom saw chloroform given, and never saw it given well. The administrator is generally the junior interne, students seldom being allowed to give an anæsthetic before graduation. Before leaving the subject of anæsthesia, I should like to mention the method of operating under spinal cocainisation, which I saw practised by Dr. Morton, of San Francisco. Though he had no operations to do on the morning that I visited his hospital, he was kind enough to arrange a circumcision there and then, so as to demonstrate the practical working of the method he has been using for some years. Dr. Morton has performed, under the subarachnoid injection of cocaine or tropacocaine (Merck), more than a thousand operations, without pain and with little shock, and these included such major operations as 63 abdominal sections, over 100 hernia operations, 2 disarticulations at the hip, and 5 cases of trephining. Briefly, his method is as follows:—Chemically pure cocaine hydrochlorate is sterilised by exposure to a temperature of 300° F. for fifteen minutes, in tiny sterile glass tubes. The exact amount required for one operation is put into each bottle, generally ·3, ·4, or ·5 of a grain, depending

on the age of the patient, and the extent of the anæsthesia required. When the patient is placed on the table, the lumbar region of the back is cleaned, and then the needle, made of steel wire tubing, number nineteen gauge, and three inches long, is thrust into the space between the third and fourth lumbar vertebræ, and pushed upward and forward, until it meets with diminished resistance, or until cerebro-spinal fluid passes. One of the little sealed bottles is opened, the contents emptied into a graduated glass hypodermic syringe, with glass plunger (Lure's syringe), and the syringe is fitted on to the end of the long needle, with the plunger nearly closed. Gradual withdrawal of the plunger, until the barrel is half filled with cerebro-spinal fluid, a moment's delay till the cocaine dissolves in the fluid, and gradual return of the fluid into the spinal canal, by pressing home the plunger, completes the administration of the anæsthetic. Should analgesia be desired in the upper extremities or head, introduce the needle in the third space, and use the same method, except that the dose should be ·4 or ·5 of a grain, and introduced as rapidly as the piston of the syringe can be pressed, then withdraw the needle, and seal with collodion. The analgesia is complete, for operations in the lower extremities, in from three to five minutes, and for operations in the upper part of the body, in from fifteen to twenty-five minutes, and last from one to three hours. The only ill effects, and they are very transient, seen after this method of spinal cocainisation, may be nausea or vomiting within the first fifteen minutes. Although the operation I saw was a trivial one, the patient made no complaint whatever of pain. Had I been able to wait two days longer in the city, which I could not, I should have seen abdominal hysterectomy under tropacocaine.

The spectator at an operation in an American hospital is struck by the attention to detail, or apparent attention, observed by the various actors in the drama, and by the general tendency towards an aseptic *régime*, which is the aim of most of the surgical institutions. Yet every now and again, one sees things which make him wonder whether after all they are not missing the greater in too careful attention to the lesser things which make towards idealism. Thus patients in the Johns Hopkins Hospital, undergoing operation for hernia and appendicitis, and not urgent cases, were placed on the table without any preparation of the patient's skin beforehand. The shaving and scrubbing up of the abdomen and genitalia were then carried out in a few minutes by the theatre porter, whose duties are to clean up the place and

make himself generally useful. In one big New York hospital, with a more than local reputation for being up-to-date, I watched a surgeon don sterilised gloves without having sterilised his hands, transfer his eyeglasses from his vest pocket to his nose, and proceed to open a cerebellar abscess through the mastoid process, in a patient whose head had not been shaved, and whose hair had not been clipped. Later on, I asked the house-surgeon if that was one of their best surgeons, and he assured me that he was—one of their finest. Frequently, after an abdominal section, the house-surgeon was left to close the abdomen and apply the dressing. Surely, if the operation were worth beginning, it were worth finishing by the surgeon.

In closing the operation wound, nearly every kind of suture material was used—catgut, chromic gut, iodised kangaroo tendon, horsehair, and silver wire. This last was used in the Johns Hopkins surgical service for a subcuticular suture after most operations, especially hernias. The use of silver leaf to cover in the wound was common, as was also the use of strips of adhesive plaster to retain dressings in place over an abdominal wound. In the Johns Hopkins, plaster of Paris bandages were used to exert pressure over the dressing in abdominal and hernia operations, and prevent yielding of stitches. After the operation, patients are sent to a special room, called the recovery-room, where they remain until they have recovered consciousness, and got over any after-sickness, before being sent back to the ward.

This short sketch is on the subject of American hospitals and their ways, and therefore I have said little about the individual men whom it was my privilege to meet; the more so because I have not asked their consent to paint their portraits with my pen, and because I met only very few of the really well-known men of the American medical profession. Those whom I did meet were nearly all surgeons. If you were to say to anyone in the old country, "I have been to Chicago," he would not ask, "Did you see the Rush Medical College, or the Wesley Hospital?" but almost certainly, "Did you see Murphy, or Senn, or Van Hook?" I am sure that the writings of these men will have for me now an added interest, a personal feeling, as if they were standing before me expounding with moving lips and hands the words that I am reading in their books. I met Murphy in his operating-room at eight o'clock one cold morning, all his six feet something of stature swathed in white, with only his nose and eyes visible. He was geniality itself to the medical men who had come to

see him operate, demonstrating everything to us. During the operations (there were four abdominal sections and a few other odd things) he kept up a running conversation about the case and about other cases, told stories about himself and against himself, which the cases brought to mind, and was not above cracking a joke with one of the graduates who had come back to refresh his knowledge. Senn, on the other hand, was of a different type. Not so tall, stouter, heavy in build and in features, he spoke slowly, and was more theatrical perhaps in style. Yet he demonstrated six cases, and operated on six other cases, in less than two hours. Before one operation was completed, the next case was wheeled in on another operating-table, anæsthetised, and ready. After seeing the house-surgeons, in the eastern cities, do abdominal sections, it was a surprise to see Senn tackle a simple circumcision, yet that was one of his operations that afternoon. Every step of his operation, every incision, every ligature was announced before it was made. An example of this attention to detail was the New York gynæcologist whom I saw spending fully twenty minutes in explaining and showing to his class how a piece of cotton-wool should be rolled on the end of an intrauterine applicator. Of Deaver in Philadelphia I saw little more than I did of Murphy, his eyes and his hands, for he operated without gloves. I was fortunate in seeing him do an appendicectomy. I have heard that his average is one a day. He did his work from beginning to end without saying almost a single word; and, having stitched the peritoneum, left his house-surgeon to finish the operation and the dressing, and rushed away to a private operation in some other part of the city. His manner of treating the stump of the appendix was by inversion into the cæcum, and suture of the peritoneum over it. In New York, where I saw a greater number of surgeons and more operative work than in the other cities I visited, the man who impressed me most, both by his personality and his work, was Lilienthal, of the Mount Sinai Hospital. Small, wiry, with bright restless eyes, he seemed to be possessed of superabundant energy; quick and neat in his operative technic, much addicted to the use of "damn" in its various forms, yet always saying it in a gentlemanly way, and with a great contempt for silver filigree, as he reiterated its uselessness more than once during his operations. When the patient on whom he was operating suddenly cleared his throat, Lilienthal jerked out, "What did he say, doctor; I'm sure he spoke;" and later, when nearly forgetting to remove a small piece of gauze from the interior of the stomach in the Finney

operation for benign constriction of the pylorus, it reminded him of the man who made the bass fiddle and left the glue-pot inside.

While going through the Pennsylvania Hospital, I inspected one department which I have never seen in any other hospital. This was a children's gymnasium attached to the orthopædic wards. In this long room, under the charge of a nurse who thoroughly understood and was in love with her work, were all manner of instruments and appliances for developing the muscles and strengthening the limbs and joints of children. Instruments for massaging the limbs, worked by an electro-motor, bicycles suspended off the floor for those with weak legs, Whiteley exercises, ladders for climbing, parallel bars, dumb bells, appliances slung from the roof for supporting paralysed children learning to walk—all these were there, and when the children came down daily for the exercises prescribed by Dr. De Forest Willard, it was all made like a new game to them by the nurses, so that the little ones grew happy and enthusiastic in their exercises. It was a department which ought to be in every large hospital, and which was here doing an immense amount of good. While on the subject of the Pennsylvania Hospital, I may say that it was a pleasure to find that a covered way, from the hospital to the nurses' home, had been directly copied from a similar, though larger one, in the Glasgow Royal Infirmary. Thus the influence of the "Royal" abroad was evident, even in architecture.

The American medicine man of to-day is a worthy descendant of all the great men of the past; young, and keeping young even when his years are many; restless, energetic, bold, he is ever striving towards an unseen ideal. He is, like the art he practises, in a transition stage, sifting the great mass of chaff for the few grains of wheat, and with a resolute determination to find them. He is jogging along in no rut, he is travelling over unbroken ground, with all the magnificent energy of his race. The future of our profession seems well assured in the hands of such a man, and the day may come, I think, when the younger members of our calling will go to extend their knowledge and finish their education, not in Berlin, or Paris, or Vienna, but in New York, and Baltimore, and Chicago.

For the scientific attainments of our American brethren I have great respect, and of their pleasant comradeship I have many happy memories. If any of their number should come within hailing distance of my wigwam, let him come in, and welcome.