separation of the radial epiphysis was easily made, and was confirmed by the *post mortem* examination. There was no fracture of the ulna upon either side.

Time will not permit of my entering more at length into this important subject, and, at all events, I have had very little experience indeed of the occurrence of epiphysary disjunction in any of the other large joints except as the result of disease. I cannot, however, omit to mention an instructive paper, published by my friend Mr. Canton in the *Dublin Medical Journal* for 1861, in which he treats of separation of the lower epiphysis of the femur, and details two cases in which, to save life, he had recourse to the operation of excision of the knee-joint.

Should time and other circumstances permit, I shall probably venture to lay before the profession, in the form of a separate treatise, accompanied by the necessary illustrations, the results of my experience as regards the entire subject of epiphysary disjunctions. The hope of being able to accomplish this somewhat reconciles me to the very imperfect outline of these injuries which the members of the Association have honoured me by listening to.

I cannot terminate this discourse without congratulating the members of the Association upon the success which has hitherto distinguished their honourable career. It is not in a scientific point of view merely that the British Medical Association has been a benefit to our profession. Largely has it aided in removing petty jealousies, in softening down asperities, in smoothing ruffled feathers. It is calculated to make the members of the profession more cautious in the discharge of their relative duties towards society and one another, and to impress upon them the broadness of the distinction that exists between the path to honourable pre-eminence and the stealing into notoriety by means which are unworthy, and which lessen the confidence of the public in all that concerns us.

To accomplish these important objects is one of the wise purposes of the Association. Its members seem to be well aware (to use the words of the eloquent author* of the *History of the Medical Profession in Ancient Times*), that, to the initiated, medicine is something more than a profession; it is a world within itself. It has its history, its politics, its philosophy, its literature, of which the world at large knows nothing. It has its subsidiary arts and occupations, its organisations and institutions. It has its polemics and dissensions, not always amenable to logic or the learning of the schools. In ethics, in traditions, in superstitions, it is older than the church. In use before the civil law, it recognises no arbitrary enactments. Nature is its only court of equity; and who amongst us, in this great assembly, can forget its everlasting charities—its unnumbered acts of silent and tender mercy, countless as the golden grains of sand? Who can forget its moving scenes of joy and sadness, its many sunny aspects—its benignant, ennobling, and liberalising influences, which few beyond our own circle can properly appreciate, and none so well understand as ourselves? No wonder, then, that the members of our profession, surrounded and drawn together by such hallowed ties, should be disposed to band together as a brotherhood. Such has always been their course. The Druids of ancient Gaul and Britain, the Asclepiadæ of Greece, the priests of Ancient Rome, the Lamas of Central Asia, the Vaidhyas of India, the fraternities of the Middle Ages, and, up to the present hour, the countless societies and colleges of our own and other lands devoted to the healing art, are in proof of this; so that wherever social freedom has existed, wherever crushing tyranny would permit, internal organisation and development has been the rule of our profession. And well is it that it is so. We are thereby better enabled to understand our own position, to know how far we have advanced, to whom we owe our progress, the labour that is still before us, and the places we ourselves are likely to occupy in the estimation of those who are to follow us.

It only remains, Sir, for me to thank my audience for the patience with which they have heard me, and for the interest they have appeared to take in the subject-matter of my discourse. I thank them, not merely as an act of formal politeness, but sincerely and from my heart; those familiar with me know that I am not in the habit of speaking one thing and thinking another. "Εχθρος γαρ μοι κεινος." The memory of my classic friends in this classic hall will supply the remainder of the quotation.

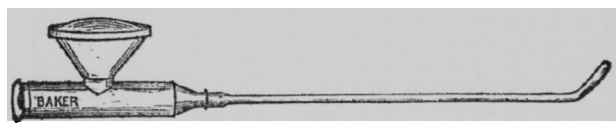
Members of the British Medical Association, I bid you farewell. I take my leave for the present of that noble institution whose founder was as it were but yesterday taken away from amongst you, and whose place knoweth him no more at all for ever,—an institution, however, the abiding success of which he lived to witness. He placed the texture upon the loom, and he lived to see the well-woven fabric develope into a bright garment—a radiant robe which soon enveloped in its ample folds the medical profession throughout the length and breadth of mighty England; and my hope and trust is, that our children's children—that generation yet to come—will behold it with its colours unfaded and its brilliancy untarnished.

* Dr. Watson, New York,

A NEW FORM OF ENDOSCOPE.

By R. ARCHER WARWICK, M.D., Richmond, S.W.

THE admirable lectures of Désormeaux, delivered at the Hospital Necker, on "the Endoscope, and its Application to the Diagnosis and Treatment of Affections of the Urethra and Bladder," and Dr. Cruise's paper published in the *Dublin Quarterly Journal of Medical Science* for May 1865, have brought the value of endoscopic explorations prominently before the profession. The stethoscope in past years, and the ophthalmoscope and laryngoscope more recently, have added much to our knowledge of the diseases of the organs which they were designed to investigate, and have, at the same time, afforded us increased facility and certainty in treatment. The endoscope has not been an exception in the hands of Désormeaux, Cruise, and others; yet the complexity and large size of these instruments seems to have interfered with their general adoption. This led me to consider whether a more simple and inexpensive instrument could be constructed, uniting equal power with a greater facility of manipulation; and the endoscope, constructed under my directions by Mr. Hawksley, a skilled mechanician, at Mr. Baker's, H 5 Holborn, possesses these advantages.



My instrument consists of a brass tube of the simple endoscopic construction, about four inches and a half in length and one in diameter. A Ramsden eye-piece, consisting of two plano-convex lenses with a magnifying power of about two and a half times, and capable of adjustment for distinct vision, is fitted to one end of this tube, and the eye-piece is so constructed as to admit of the insertion of a spectacle lens, to suit the eye of those who require the aid of glasses. An adapter in the form of a cone and blackened inside, is attached to the other end of the instrument, to receive the various silver tubes required for the examination of the organs and passages to be explored. Midway between the two extremities of the tube is an aperture nearly one inch in diameter, into which is fitted a metal cone, two and a half inches long, and three inches in diameter at its base. This cone is plated with silver on its inner surface, and highly polished. A large double convex lens of short focus is adapted to its base, so that light of an inferior quality or intensity may be condensed and rendered sufficient for the use of the instrument. The silver tubes for the urethra are similar to those used with Dr. Cruise's instrument; they are highly polished on the inside, and correspond in size to Nos. 8, 10, and 12, of the ordinary catheter-guage. The tube used for the bladder resembles a catheter with a short curve, and allows a portion of the bladder, to the extent of nearly half-an-inch in length, to be seen, through an aperture filled in with glass. The endoscope I have had constructed will shew an object with a north light more distinctly than Dr. Cruise's does with an artificial light, and the object is seen from eight to ten times more distinctly with a similar artificial light; it is also available for the examination of other organs as is the case with Dr. Cruise's. Referring to the advantages of the endoscope, he says:—"The utility of the endoscope is not, however, confined to the diagnosis and treatment of diseases of the urethra—far otherwise. There is no portion of the human body into which a straight tube can be introduced, in which it will not be found of service. With it the interior of the bladder may be thoroughly investigated; tumours, ulcerations, and sacculi recognised; calculi examined, and information gained as to their size, figure, number, position, whether encysted or loose, and so on. The rectum, beyond the reach of the finger and speculum, can be searched for ulcerations, constrictions, tumours, etc. The cavity of the uterus can be demonstrated; so also the auditory meatus, nasal fossæ, pharynx, larynx, and, I should even hope, œsophagus and stomach. Likewise wounds, especially those suspected to contain foreign bodies, abscesses, the cavity of ovarian cysts after tapping, and so on. I have been enabled by the endoscope to obtain so clear a view of the interior of the uterus that I am satisfied it will prove most useful for the diagnosis of small polypi, granular and follicular ulcerations, and other affections, which at present are subjects of conjecture rather than positive knowledge."