

ARTICLE I.

THE PHYSICIAN AND SURGEON IN WAR.

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MR. PRESIDENT AND GENTLEMEN:

THE significant remark of Desgenettes to the French surgeon-in-chief, that it was the duty of the physician to save life, not to destroy, undoubtedly occurred to the mind of every gentleman whom I have the honor to address, as he saw the dark clouds of war gathering in the horizon, and the hosts mustering for a contest which is to decide forever the fate of that government and of those institutions under which he was born; and under the protection of whose beloved banner he has enjoyed that quiet rest so conducive to the cultivation of science, literature and art, and so congenial to his feelings as a friend of suffering humanity and as a Christian.

As the topic then suggested by the banners flaunting in the breeze, by the soul-stirring notes of the bugle and the distant report of the opening gun, no less than by that of the ordinary occasion which brings us from the bedside of the patient to this

friendly interview, I propose to address you upon — THE DUTIES OF THE PHYSICIAN AND SURGEON IN WAR AND IN THE DAY OF BATTLE; and if my remarks should appear trite, desultory, or devoid of interest, as they may — from the shortness of time allowed for preparation, and want of experience in such an emergency — I feel that I can confidently rely upon the subject I have selected, to atone for any imperfection or want of interest you may have in the speaker; and upon your knowledge, good sense, character, patriotism and devotion to professional duties, to fill in the sketch I shall attempt to draw.

I shall discuss my topic under the following heads:

I. The duty the physician and surgeon owes himself, which involves his duty to his patient.

II. The duty he owes his country, involving his accountability to the Great Ruler of the universe.

Educated, with few exceptions, as the present generation of physicians and surgeons have been, for the practice of their profession in civil rather than in military life, now that the hazards of war are upon us, it becomes the duty of each one to qualify himself for new scenes of action and new fields of service. It may be, that amid the din of battle and the clash of arms, the youngest and most inexperienced of our number will be first called upon to stay the ebbing tide of life, and, on the spur of the moment, to decide upon a mode of treatment which shall be for the weal or woe of his friend or brother. How indispensable, then, a

calm and collected state of mind and self-reliance, arising from an acquaintance, at least, with the principles of action in the case before him! And how can this be secured but by study and experience? It becomes imperative, then, upon every member of our profession, to acquaint himself at once with the best authors on military surgery within his reach. The works of Hunter, Hennen, Guthrie, Mann and Larrey, should be carefully studied, Guerin's *Chirurgie Operatoire*, Gibson or Erichsen carefully reviewed — at least, such parts of them as relate to wounds, incised, punctured, or contused, to gun-shot wounds, fractures and dislocations — and no opportunity to cut down, on the dead body, for the main arteries, or for the performance of such operations as circumstances may permit, should be allowed to pass unimproved. Most fortunately, by the kindness of friends in this city, many of us have enjoyed the pleasure and profit of listening to the instruction of the distinguished Professor of Surgery in the Medical School of Harvard University, and of witnessing his neat operations upon dead and living bodies. For such opportunities, we beg him and them to accept our most hearty thanks. To such as have not recently enjoyed these privileges, let me say, *drilling*, to the inexperienced surgeon on the eve of battle, is no less necessary than to the young recruit. The former, no less than the latter, should see to it that his arms are in order, and that he knows how to use them. The character of wounds should be as readily recognized by the surgeon, as the foe by the soldier; and the principles of their treatment should

be as familiar to the one as are military evolutions and tactics to the other. To these principles, as drawn from the best authors, we invite attention, with the double object in view, of refreshing our own memory and inducing others to do the same, and to supply any deficiency and correct any error that may be discovered in the speaker. To those who listened to Dr. Bigelow's lectures, a portion of my address may serve as an imperfect review or résumé, for which I crave their indulgence; while to those who were not thus favored, I trust my remarks may serve as a substitute, so far as principles are concerned, and as incentives to study and to action.

Before entering upon the treatment of wounds, it may be well to make a few general observations upon the nature of gun-shot wounds, and their effects upon the constitutional powers. The only wounds which the surgeon in civil practice sees, that in any way resemble those witnessed by the military surgeon, are the wounds presented by the accidents upon our railroads. The action of a cannon ball, on coming in contact with our limbs, deadens not only the parts impinged upon, but diminishes, if it does not actually destroy, the vitality or normal condition of adjacent parts; so that, in the performance of amputations, care should be taken to operate in such a manner as to preclude the necessity of any secondary operation. Our incisions, if possible, should be made above any part in danger of sloughing; and for the same reason, the artery should be secured as high as possible, and the bones sawed

off above all local injury. The bullet deadens the part in the neighborhood of the wound, but it is by no means true that its entire track must slough. The Minié ball appears to be peculiarly destructive to the bony parts, fracturing and comminuting them to an extent, and in a manner, truly surprising.

Before proceeding to any operation involving the removal of a member, a thorough knowledge of all the wounds which the patient may have sustained, demands the most careful attention; for it has so happened in military surgery, as appears from Hennen, that a limb has been removed and dressed before it was discovered that the patient had, beside, a wound through the body, which must of necessity prove fatal.

The state of collapse consequent upon a trifling, no less than a severe wound, should receive attention. Hence Hennen recommends that the surgeon should always have about his person a canteen of wine, to revive the fainting spirit of his patient. "This tremor," he says, "which has been so much talked of, and which to an inexperienced eye is really terrifying, is soon relieved by a mouthful of wine or spirits, or by an opiate, but above all by the tenderness and sympathizing manner of the surgeon, and his assurance of the patient's safety."

The *continuance* of this alarm or shock ought to excite fears for the result, especially when wounds have been received in such a situation as to cause us to suspect the injury of vital organs.

The necessity of immediate action on the part of the surgeon is too often imperative; it may be in

the height and tumult of the battle. The weight of his duties must, of course, depend upon the number of his associates and assistants, as well as upon the number of the wounded.

All wounds accompanied with much arterial hæmorrhage demand immediate attention, either by compression or by ligature. The former cannot safely be continued for any length of time, and the latter cannot safely be postponed very long. When the wounded or bleeding artery can be reached, immediately ligating with a single thread of dentist's silk, one or both ends, if possible, may prevent a secondary and fatal hæmorrhage — which, when it occurs, usually takes place from the eighth to the twentieth day. If such secondary hæmorrhage should occur, or circumstances prevent securing the artery at the place of the wound, if incised, it may be secured above, and future hæmorrhage be prevented by pressure from below and up to the wound. In gun-shot wounds, this compression could not be endured, and amputation would be required.

When the hæmorrhage is venous and from an extremity, a sponge tent, or compression, properly applied, may be sufficient; or if not, the vein may be tied. Compressions alone may succeed in staying hæmorrhage from wounds of the scalp, the hands or the feet; but if it does not, in the case of the hand, if the radial and ulnar cannot be tied, we may apply the ligature to the humeral artery. If compression on wounds of the arteries of the scalp is insufficient, the artery may be divided.

Should the hæmorrhage arise from the wound of

an internal organ, as the lungs, the liver, or the spleen, venesection from a large orifice, which may be repeated if needed, is our most effectual means of relief—remembering always that young recruits and the inhabitants of cities tolerate bleeding less amply than the inured soldier and the hardy yeoman; and that venesection, except in severe inflammations of the serous membranes, congestion of the lungs and brain, and in the early stage of pneumonia, has been in a great measure abandoned.

Next to controlling hæmorrhages, the surgeon should be careful to remove, either by the wound or counter-openings, all foreign bodies, whether in the fleshy or bony parts. This, Hennen says, we should lay down as a rule never to be deviated from, so far as can possibly be accomplished with safety to the arteries, cavities and joints; “but,” he continues, “those who best know the field of battle will easiest admit how often it is impossible to do all in this respect that they could wish.”

“In all our examinations,” says Guthrie, “the surgeon should never forget to make a counter-pressure to the fingers with which he is searching for the ball. This is most essential in the extremities, where counter-pressure will often bring an extraneous body within the reach of the finger or probe.”

In searching for foreign bodies, we should always remember that we are never to probe the abdomen or chest with any other instrument than the finger; if the foreign bodies are readily found, they may be extracted; but we are never to persist in exploring for them. The body thus wounded should be so

placed as to insure free egress for the blood and pus. If large quantities are pent up in the cavity of the pleura, the use of the trocar and suction-pump, as combined by Dr. Wyman, may be of great service.

Should the ball have passed through the fleshy parts of either extremity, or of the body, without penetrating a cavity, or should it have been extracted, after properly cleansing the wound the simplest dressing will suffice; but should it have shattered the bones, especially in the neighborhood of the larger joints (except the shoulder*), or have entered either of the larger joints, it would require all the skill and care of the surgeon to save life with the limb, the prevention or removal of inflammation being the chief object to be kept in view. But so rarely does success follow our utmost endeavor by these means to save the limb, it is important that the friends of the patient should be informed of the nature of the wound, and the probable necessity for amputation.

As a general rule, amputation should be performed as soon as circumstances will permit, and always under the use of an anæsthetic, and a gentle stimulant, if there be much depression. The use of chloroform is absolutely forbidden in the army of the United States. This is, perhaps, unfortunate, inasmuch as the risk of combustion from ether, its greater bulk, and the saving of time from its more rapid action, affords quite an argument in favor of the for-

* See Med. Repository, New Series, vol. ii., p. 84. Mann's Medical Sketches, pp. 207, 208.

mer when skilfully used, although the preference should always be given to ether. The chief difference, in a physiological point of view, is simply this; that while ether suspends the circulation in the capillaries and smaller arteries, chloroform, when incautiously used, suspends the circulation in the larger arteries also, and in the heart itself, if continued sufficiently long. By carefully watching the pulse at the wrist, and the respiration, chloroform has been safely used in many thousands of cases, and might, with care, probably be so in many thousands more; on the other hand, ether may be safely used by the aid of any common assistant. Stimulants should always be at hand, to be used if needed, whichever anæsthetic be employed, as should also due provision be made for the proper aeration of the blood.

In wounds of the head of the humerus and the head or neck of the femur, Guthrie recommends resection, if the shaft of the bone is not irreparably implicated, which would probably happen in nine cases out of ten, where the bone is struck by a Minié ball.

Gun-shot wounds of the upper extremity, near the middle of the bones, and where the artery and nerve are not wounded, may do well under proper care and the use of the tin, wood or leather splint, properly padded and secured by the many-tailed bandage, with the limb in a relaxed and easy position, as may those of the leg; while those of the thigh, especially those of the upper third, may prove fatal under the most favorable circumstances and proper treatment. In all these cases, however

small the chance of life, amputation should be immediately performed, which will be the more successful the lower the femur has been injured.

Eugene Fenech, a French surgeon-major, says that "fractures of the thigh, accompanying gun-shot wounds, do not absolutely and necessarily require amputation." Dr. Mann remarks that "wounds of the thigh with fracture are always dangerous, and if not immediately secured by Desault's or Physick's method, the limb cannot be saved."

Severe and lacerated wounds of the ankle joint, by cutting weapons and projectiles, I have known to end favorably under ordinary treatment. Gun-shot wounds of the wrist demand amputation, and those of the hands and feet require excision of the parts injured—always bearing in mind the importance of saving as much of the hand or fingers as may be useful.

"When an opinion is formed," we quote from Dr. Mann, "that the chance of saving a limb is greater than the risk of losing life by deferring an amputation until an experiment is made to save it, to defer the operation is proper," due weight being given to all the circumstances which may tend to promote, retard or prevent a cure.

Larrey mentions four cases where consecutive amputation is required :

1st, Where there is mortification of a limb.

2d, Where there is a convulsive spasm in the wounded limb, which has not extended to the other parts.

3d, Where the suppuration becomes putrid, and

the bony fragments are enveloped in pus, and where the parts have no disposition to unite.

4th, Bad state of the stump.

Before closing the wound after any amputation, we should wait long enough to see that there is no oozing from any artery which might afterwards require a ligature, or until the parts become slightly glazed, being careful, before applying the dressings, to remove the end of the ligature and all clots, whose presence might prevent union by the first intention. The dressings should be compresses or lint dipped in cold water, and warm poultices, as suppuration comes on, especially if more agreeable to the feelings of the patient. When the parts begin to granulate, a compress and bandage will complete the cure. I would observe here, that for many years I have been in the habit of using castor oil in the place of cerates, as a ready and pleasant application to granulating surfaces.

The dilatation of gun-shot wounds should be made only when an artery is to be tied, foreign bodies to be removed, or the fasciæ to be cut to relieve the tension of the subjacent parts.

Incised and punctured wounds require to be treated on the same principles, whether in civil or military life. In bayonet wounds, Guthrie recommends "cold water at first; taking care not to apply a roller or compress of any kind over the wound, and that the matter should be frequently pressed out. When suppuration is established, a roller should be applied above and below the wound, and an evaporating poultice upon it, if cold be found comfortable,"

keeping in mind the principles of treatment, general and local, of inflammation and suppuration beneath fasciæ.

Should the scalp be extensively cut, stitches may be used, being careful not to introduce them through tendinous parts. If pieces of the skull are severed by a blow but still adherent to the scalp, the whole may be replaced; but if loose and detached, they should be taken away.

Sabre wounds of some of the larger joints, as the shoulder, may do well by simply closing the wound by stitches, adhesive straps, rest and the antiphlogistic treatment. Wounds by the sword, of the back of the hand or wrist, require a proper splint under the palm, to prevent distortion.

In injuries of the head, whether by the sword or by the missile, we are carefully to distinguish between compression and concussion. If compression exists, and we can find no depression of the skull, or even if we do, and the depression is not great, we may endeavor to remove the symptoms by venesection, purging, cold applications and blisters. If these means do not succeed, the operation of trepanning must be resorted to. The point to which we apply the trephine must be determined by the probable position of the compressing body. The operation may be performed at any part of the skull, except over the sinuses, and as early as possible after the accident, and before inflammation sets in. It should always be borne in mind, that where there is depressed fracture of the bones of the cranium, the spiculæ of the depressed bone may subsequently

induce irritation or inflammation of the brain, producing epilepsy or other disease of the organ ; and that these consequences might have been prevented by a timely operation.

Wounds of the face and neck are to be treated on the same general principles as those met with in ordinary practice, taking care to make due provision for the aëration of the blood and the nourishment of the patient, as also to pick away all loose fragments of bone, and to guard against any secondary hæmorrhage.

The principles of the treatment of simple fracture and dislocations, or of the two combined, are too familiar to need any comment further than this — that in compound fractures and dislocation of a large joint, amputation will generally be needed.

In the treatment, in the camp, of all fractures except those of the upper extremity, the limb should be kept in a straight position, and the patient on the back. If the upper fragment of a broken femur is inclined to tilt forward and outward, the body should be slightly raised on an inclined plane, and the lower fragment brought into a line with the upper by carrying the lower part of the limb slightly outward.

I have always been in the habit of bandaging a fractured limb before applying the splints, and have never met with any trouble from this source. Dr. Bigelow strongly recommends its omission ; and in military practice, at least where the limb cannot be carefully watched, I most cordially agree with him. It is well known that turns of the roller are necessary in order to apply it smoothly to a limb, which

is a cone and not a cylinder. For this purpose, the roller should be slackened at the moment of making the turn, and not tightened till the turn is completed, as clearly demonstrated by Dr. Bigelow.

In compound fractures, Ballingall says he "has too frequently seen a reluctance to use the saw in removing the protruded extremity of the bone, and the closure of the wound attempted by too forcible and long-continued means."

Thus much for the surgical part of my subject, in healthy persons and under ordinary circumstances. In the modifications required for bad constitutions and erysipelatous inflammation, the treatment must be regulated by the symptoms.

The universal experience of military officers fully bears out the remark of Hennen, that "There is, perhaps, no body of men more thoughtless, when left to themselves, than soldiers." By unnecessary exposure, by the indulgence of their appetites and passions, by carelessness and want of cleanliness, by the position of the camp in unhealthy or malarious districts, diseases are far more destructive than the sword and projectiles of the foe. In barracks at home, we learn from Miss Martineau's book entitled "England and her Soldiers," that "twice as many die as of the least healthy order of people in Great Britain. The proportion becomes aggravated abroad. Take any set of Englishmen of the same age — say between fifteen and forty-five — and you will find the annual mortality one in a hundred, from epidemic and constitutional disease, from local

disease, and from violent death collectively; whereas the deaths from these causes were, in the army in the East, nearly twenty-three per cent., only three per cent. in hospital being from wounds, while more than eighteen were from epidemic disease."

In the Crimean War, Miss Martineau says "the number of cases admitted into the hospital in January alone, was 11,290; and of these there died in hospital 3,168. Of this prodigious number of victims, all but 915 died of diseases caused by insufficient nutriment — that is, of scurvy and maladies of the scorbutic type."

From the same source, we learn that "the number of British killed in the battle at Inkermann, was 462; the killed, wounded and missing together were 2,612; the amount of sick during that month of November, was above 30 per cent. of the force in the Crimea, only 15,303 being available out of an army of 22,052."

"Under the strong excitement of active service, the soldier, well fed and clothed, and enjoying proper intervals of rest and repose," Dr. Mann observes, "and under proper protection from the elements, endures fatigues, colds, and exposure to the most threatening dangers, with impunity. Not so during the intervals of rest and inactivity. Then it is that the deleterious agents exhibit their influence upon animal life. Then it is that an army sickens from causes connected with their local position, or which originate from their own filth and imprudence." "Hence arise fevers, rheumatism, dysenteries, diarrhœa, cholera, diseases the forms of which

are governed by the accidents of position, or local causes and the seasons.”

Against the occurrence of these camp diseases it becomes the duty of the medical officer to provide. And yet he should not be held responsible for the sickness which may prevail in the camp, in the barracks, or in the hospital. Others, and quite possibly the medical bureau, or the colonel, or the quartermaster, or the commissariat, may be more culpable than he.

Civil hygiene is a new science and art in England and America ; how much more so, in this country, at least, is the sanitary condition or physique of an army ! The importance of this subject, until quite recently, has been recognized only by the French. Although commissioners for this purpose were sent by the English to the Crimea before the commencement of the war, yet it was not, Miss Martineau informs us, until the second sanitary commission came out from England, that proper ventilation and cleansing of the barracks and hospitals were essentially set on foot.

Without doubt, the surgeon-in-chief, the quartermaster and the commissariat of the United States army, and the officers of our own State, are doing all in their power for the health and comfort of our soldiers. Notwithstanding this, a greater sacrifice of life may be reasonably feared from the removal of northern young men to a southern climate at this season of the year, than from any battle with the southern army. Indeed, our forces placed at Norfolk, Portsmouth or in Charleston, during the sum-

mer months, in an epidemic like that of 1855, would soon be annihilated, without any action on the part of the South. Too much attention cannot therefore be paid to hygienic rules for the preservation of the health of our soldiers from the North; and if we allow the popular impression to prevail, that the regimental surgeons are responsible, not only for the treatment of the sick and wounded, but for the health of the army, we ought to strengthen the force of the department by the addition of one or more medical men, as *physicians*, apothecaries or assistants, or sanitary officers, to each regiment, who shall be well instructed in the geology, climatology, topography, endemics and epidemics, of the different States of the Union.*

Too much care cannot be taken that the northern soldier be properly clad with flannel next the skin, even in summer, especially on the chest and abdomen, to prevent the too sudden loss of heat; that after a hard march, as Dr. Mann recommends, he should be obliged to cut his own wood and make a fire and cook his own food. Similar to this, according to Sargeant Jowett's diary, was the mode adopted and pursued by the English army during the first winter in the Crimea. In our armies, and with the French, the men are cooked for and fed in squads, each squad having its own cook. Great improvements in the mode of cooking and in the concentration of articles of food, have of late years been

* See the different volumes of the Transactions of the American Medical Association, and Coolidge's Statistical Report of the Sickness and Mortality of the U. S. Army.

made, which will doubtless be introduced into our armies for the benefit of our soldiers.

The employment of females as nurses, since the battle of Inkermann, has come to be deemed indispensable, in preparing food for the sick, and for the timely administration of medicine. In Catholic countries, this devotion of the Sisters of Charity to the sick and wounded is no new thing. Protestant females are now laudably following their noble example.

The soldier should be obliged, when well, to bathe daily, in whole or in part, as circumstances allow, and forbidden to expose himself unnecessarily or unprotected to the dews of the night and sudden atmospheric changes—especially when cold and moist—or to the burning rays of the noon-day sun. His food should be good and properly prepared, soup being a salutary form, especially if there be any tendency to diarrhœa; and total abstinence from alcoholic drinks be enjoined, except when employed as remedies. For drink, the soldier, when he can get it, should use hot coffee, tea or chocolate. Indeed, so valuable—in addition to keeping warm at night—did Portio, the surgeon to the Emperor Leopold I. (1683), consider hot drinks in quenching thirst and otherwise conducing to the comfort and health of the soldier, that he recommends “all commanders to order a great kettle of water to be kept perpetually hot, whenever there is a fire kindled for other purposes, for the ready preparation of hot ptisans,”*

* See *Med. Repository*, New Series, p. 2, for many valuable suggestions for preserving the health of the soldier.

&c. Alexander the Great is said to have lost more men from drinking (while they were heated) the cold waters of the Ixus than he lost in battle.

Strict attention should be paid to ventilation and cleanliness in the camp and in the barracks — cess-pools, sinks and filth of every kind being carefully and frequently covered with a sufficiency of earth to prevent exhalations, and proper drainage should be amply provided. If wood and water be at hand, the place of bivouac, as also of the hospital, should always be, if possible, upon an elevated and dry soil, away from crowded cities or marsh emanations, and in a pure air. And it should always be recollected that change of air, as of place, is of the most healthful influence; and the removal from an impure or over-crowded hospital to one more roomy and cleanly, is often the best and only valuable remedy to be directed for the sick and wounded, especially for those suffering under hospital gangrene, for the general and local treatment of which, Thompson's Lectures on Inflammation, and Hennen's Principles of Military Surgery, may be profitably consulted.

The precise form of disease which may occur in the campaign now opening before us, and the method of treatment, it is impossible to foresee with accuracy; but those of the warm season and of warm climates may be safely anticipated, and due preparations should be made for their treatment.

These, diseases of the summer and autumn, viz., diarrhœa, dysentery, typhoid and typhus fevers, are usually the scourges of the camp. These diseases

so run into each other that they are exceedingly apt to be misunderstood and improperly treated; the protracted diarrhœa of fever being treated as simple diarrhœa, when it may depend on an ulcerated state of the mucous membrane; or this latter condition, accompanied with mucous and bloody discharges, being regarded as simple dysentery — dysenteric symptoms following typhoid fever, or typhoid fever following dysentery, as in the Crimean war and American war of 1812 — these diseases, as I once ventured to remark,* appearing to be allotropic forms of the same complaint, receiving their names from the seat and character of the diseased parts.

Whether typhoid and typhus fevers are only modifications of the same disease, is yet a question in the minds of some, while others regard the point as settled in the affirmative, the weight of the disease, as it were, falling upon different organs; or it may be that the different symptoms arise from the different conditions of the system at the time of attack — “these underlying conditions,” says a writer in the *British and Foreign Medico-Chirurgical Review*, “constituting the great difficulty in the management of disease in the time of war.” “A full description of which complex states has never yet been given; but we know of no greater service that could be rendered to military medicine, than a comprehensive medical work on the diseases of the camp and army.” This same state of things is clearly discernible in the diseases of the campaigns of the American army, in

* See an *Essay on Typhoid Fever*, read before the *Mass. Med. Soc.*

1812, '13 and '14, as presented by Dr. Mann; and I know of no works which can be more profitably consulted for the treatment of the diseases of an army, on American soil, than this, and Coolidge's Medical Statistics of the U. S. Army.

As a prophylactic against intermittent fevers, quinine, in doses of two or three grains daily, has been used by the unacclimated in malarious districts, it is said, with success. It is possible this same article of the materia medica might be advantageously employed, and with the same intent, in the camp fevers of a more continued type.

We turn now from the head to the heart of the patriotic physician. The moral, like the physical powers, we all know, increase in energy and activity by exercise. Courage adds force to the muscle, while fear but depresses and enfeebles it. The cultivation of every noble and patriotic sentiment stimulates to action; and a knowledge that his property, liberty, life or independence is in danger, will render even a coward brave. In the defence of these, for himself and his posterity, the physician as a man, a citizen and a christian, is now called upon to act; and although he may not be liable to military service, I need not here say, that some of the most efficient civil and military officers in the Revolution, and in the war of 1812, were taken from our profession.

In reading Thatcher's Medical Biography, a physician cannot but be proud of the profession to which he belongs. Men with larger hearts or more generous and patriotic souls are to be found in no other

class ; and I thank God, to-day, that I have the honor to be a member of the Massachusetts Medical Society, and that my humble name is to be found on the same catalogue with theirs ; proud of the State that gave me birth, " whose history," in the language of Mr. Webster, " the world knows by heart. The *past* at least is secure. There is Boston, and Concord, and Lexington, and Bunker Hill ; and there they will remain forever. The bones of her sons, fallen in the great struggle for independence, now lie mingled with the soil of every State from New England to Georgia ; and there they will lie forever. And, where American Liberty raised its first voice, and where its youth was nurtured and sustained, there it still lives in the strength of its manhood and full of its original spirit. If discord and disunion shall wound it ; if party strife and blind ambition shall hawk at and tear it ; if folly and madness, if uneasiness under salutary and necessary restraint, shall succeed to separate it from that union by which alone its existence is made sure, it will stand in the end by the side of that cradle in which its infancy was rocked ; it will stretch forth its arm, with whatever vigor it may still retain, over the friends who gather round it ; and it will fall at last, if fall it must, amidst the proudest monuments of its own glory, and on the very spot of its origin." With Mr. Webster, let us thank God that " Massachusetts stands to-day in the accumulated blaze of her past and present glory."

In popular governments, it has often been remarked, there are periods when public sentiment outruns

that of its organic head ; when the voice of the people will dictate the policy to be adopted and the measures to be pursued. Such is the state of affairs at the present juncture. Without stopping to inquire into the causes which have brought us where we are, upon the great questions of the day, the support of government and a trial of the strength of our institutions, all are agreed — there is but one mind. Government or no government ; union or disunion ; a republic or a military dictator ; life, liberty and law, and these secured by the Constitution as it is, and above the necessity of amendment, or an inglorious existence, tyranny and oppression — these are the present alternatives, this the ultimatum. Need any other appeal be made to rouse us to action, to arm us for the conflict !

Are any of us willing to see these glorious stars and stripes, the flag of a nation respected and honored the world around, the shield and defence, under God, of all we hold dear on earth, torn into shreds and trampled in the dust by traitorous men, ambitious to rise into power upon the ruins of that magnificent structure which our forefathers reared, by their toil and courage, and cemented by their blood ? Sooner than this, trusting in the God of battles, let us show the *heartless politicians* of the South that *surgeons* can make wounds as well as dress them, when all other expedients prove of no avail. Everlasting shame and disgrace be upon us, if we ingloriously give up the priceless inheritance left us by our ancestors. Our descendants claim from us that inheritance untarnished and entire.

Can we ignore their claim? Let us see to it, that we leave them, if we have no other legacy to bequeath, a government worth living under, a country worth living in.

The patriots of the Revolution, as we learn from Samuel L. Knapp's eloquent biography of General Warren, wore, as mottoes, maxims drawn from the republican writers of antiquity, and bore constantly in their minds some classical model of a Greek or Roman patriot. So now let us meditate upon the virtues, the wisdom and courage of the heroes of '76; for by enshrining them in our heart of hearts, it is possible we may be enabled the better to value the liberty and independence they purchased for us with their blood, and learn how and with what spirit to defend them for the millions yet unborn.

There were circumstances connected with the Revolution so completely identical with those of the present time, that I cannot refrain from alluding to them. Then, as now, great and good men mixed in the ranks with the common soldiers and volunteered their services to the country. Dr. Joseph Warren, although a Major General, was a volunteer in the fight at Bunker Hill, as was Major (afterwards Governor) Brooks, M.D., M.M.S.S., et LL.D.; Timothy Childs, M.D., M.M.S.S.; Drs. John Warren, Cutter, Rush, Adams, Thatcher, Hayward, Homans, our own John Barnard Swett, and many others, entered as surgeons into their country's service.

Our *fathers and teachers in medicine* have left us their burning words and brilliant example to show us what we ought to be. The late Dr. John C.

Warren's address at the Union Meeting, held in Boston, February 16th, 1850, was listened to with the most profound respect and regard by many whom I now address. As the patriotic and rich legacy of one of our beloved instructors, I shall offer no apology for inserting that "touching and pathetic speech," as Mr. Webster called it, in this place.

"It is not without reluctance that I appear before this great assembly to take part in the political proceedings of my fellow-countrymen. Having, from an early period of life, devoted myself to professional duties, I have not entered actively into the politics of the day; but I have never ceased to feel the deepest interest in the security and prosperity of our common country, and have ever considered, that, when these were in danger, it was my duty, as well as that of every good citizen, to devote mind and body to their protection and preservation. Such a crisis seems now to have arrived. The Union, and consequently the existence of this nation, are menaced; and, unless there is a great and general effort in their support, we may soon behold the mighty fabric of our government trembling over our heads, and threatening by its fall to crush the prosperity which we have so long and happily enjoyed.

"It has been my lot to have lived during a period when there was no Constitution and no Union; when there was no commerce, no manufactures, little of agriculture, or of any of the arts calculated to make a powerful and happy people. It was a period when there was no sound currency, no confidence between man and man, no harmony in the action of the different States. It was a period when men's hands were turned against their neighbors; when the courts were beset with armed men; when law and justice were trampled under foot; when our best towns and villages were threatened with pillage, fire and the sword; when the soil was polluted by the blood of its own citizens. I remember the unorganized little band of fathers of families, who, in that emergency, issued from this place, feebly provided with arms or with other means calculated to put down a daring and desperate rebellion. What a dark moment was this! What a dreadful foreboding arose in the minds of those who had been expending their labor, their treasure, and their blood, for the safety of an unhappy country!

"But, in the midst of this gloom, a ray of light showed itself. A Constitution was proposed, and after a cautious investigation, and careful adaptation to the varied interests of the country, was adopted as a

bond of everlasting union. Under this Constitution, a new order of things has arisen: commerce and agriculture have revived; manufactures have every where grown up; education, literature and science have been diffused in all our cities and towns; the highest prosperity has pervaded the nation, and presented to the wondering eyes of Europe the spectacle of a federal republic, free without licentiousness, and rich without luxury.

“Now, let me ask, is there any one desirous of returning to the disunion of 1786? Is there any one who is willing to trifle with, to spurn at, to go behind this Constitution? If there is, I cannot go with him. *I go for the whole Constitution and the whole Union*, as the best security for the liberties of the people. For these I stand here; and, if I am not ready to exert every faculty which I possess to uphold and maintain them, I am false to the blood which runs in my veins, false to the ancestors from whom I am descended, and false to every sentiment of my own heart. I stand, then, at all hazards, for the CONSTITUTION and the UNION, *one and indissoluble, now and forever.*”

These lessons have not been lost. Already many of our own number have caused their names to be enrolled among the volunteers now mustering for the defence of the capital and the support of government; and the number of those desirous of entering our army as surgeons is so great that the chance is but small of securing so honorable a post. Some of the gentlemen before me, who were reclining upon their well-earned laurels, I am informed, have offered their services to the State, and have again taken the scalpel and amputating knife in hand, that they may regain their former dexterity in cutting for an artery or in amputating a limb.

The gentleman, whose place I have the honor this day to fill, and who should have been your orator, is among this number; he has joined the ever-memorable 6th regiment of Massachusetts, and is now with Gen. Butler; by his example showing you to-day in *deed* what constitutes a patriotic phy-

sician, with an eloquence to which no words of mine can aspire. Dr. Gilman Kimball will do honor to himself and this Society, as a man and as a surgeon, whenever and wherever his services are needed. There is not one of *us* too old to join the veteran home guard, and who might not be able, in a short time, to renew the knowledge he once possessed, and do good service, at least, at home. Indeed, any good practitioner of medicine, even if of limited surgical experience, whose services may be needed, may be a very desirable accession to any forming regiments ; and whenever the history of this day is written, I feel that I hazard nothing in saying, that the escutcheon of the Massachusetts Medical Society will shine with a new lustre, and that many a new but noble name from her list will be added to those already inscribed upon the roll of everlasting fame.