



INAUGURATION OF THE SESSION 1852-53, AT THE BELFAST GENERAL HOSPITAL.

Then usual introductory lecture, on the occasion of the opening of session, at the above institution, was delivered, yesterday, in the theatre of the Hospital, by Dr. Malcolm. There were present, of the staff, Dr. Moore, Dr. Pirrie, Dr. Horatio Stewart, Dr. Lynch, and Surgeons Browne, R.N., and Lament; besides Surgeons H. Thompson, J. Armstrong, H. Johnston, and a considerable number of pupils and friends.

Dr. MALCOLM proceeded as follows:—Gentlemen, it has fallen to my lot, in accordance with an old established custom, to inaugurate, at this Hospital, the session of 1852-3. Though the task is by no means enviable, yet, when I look around me and recognise in familiar faces the pupils of by-gone sessions, I am strengthened in the assurance that, whatever imperfections I may exhibit in discharging the important duty entrusted to me, I shall receive the encouragement of patient attention and a lenient criticism.

Gentlemen. I beg to give you, one and all, the warmest salutations of the staff and authorities of the Belfast General Hospital; and I sincerely trust that the intimacy which we shall renew, or, as the case may be, shortly originate, will, ere the close of the session, eventuate in our mutual interest and gratification. In bidding such of you as have “walked the wards” in former years once again a hearty welcome, it might be deemed superfluous to advert at length to the provision which institutions like these supply for the education of the medical student; but you must remember that we have also greeted with similar pleasure those young aspirants after medical honours who have entered these walls *for the first time*. The observations, therefore, which I think proper to make, on this occasion, must be considered as specially applicable to the circumstances of this latter class; though, at the same time, on the principle that a good story cannot be told too often, I would hope my reiteration of familiar practices and precepts will not be unacceptable to others. Indeed, in an introductory address, little of novelty can be expected, and I can only hope to arrest your attention by giving you my own impressions as earnestly and forcibly as the strength of my convictions will command. I believe, however, that I possess a clear appreciation of what the Hospital student requires—what his study here is

calculated to effect—and what he should endeavour to attain; and these are the principal subjects which will engage our attention on this occasion.

The earliest notice of institutions where relief was afforded to the infirm and disabled must be looked for in the time of Aesculapius. These were the temples belonging to the priesthood, but to which the sick and wounded frequently repaired to be under the care of those who were supposed to possess almost supernatural knowledge.

Now, it was a practice in those times, for those patients who recovered to leave behind them votive tablets, on which they recorded a kind of history of their cases with some notice of the treatment adopted; and these were used by the priests as accredited experience in the management of succeeding cases. For many centuries, this was the system adopted at all the temples in Egypt and Greece, and appears to have been the chief means which Hippocrates employed in laying the foundation of that great code of medicine which he afterwards composed for the benefit, I may safely say, of all succeeding time. Notwithstanding the high state of civilisation which Greece and afterwards Rome attained, it appears that the only additional mode of inculcating clinical instruction was the practice of the more eminent physicians of imparting practical information to pupils in private, or at the public seminaries; and it was not till after the conquest of the Eastern Empire, when the Arabian schools became the depositors of medical learning, that regular hospitals and dispensaries were first established.

It is therefore, to the Arabians that we are indebted for the founding of institutions entirely devoted to the relief of the diseased. It appears, however, that they did not long remain separated from ecclesiastical connexion; for we find all through the records of the dark ages, up to the time of the Reformation, that the convents, monasteries, and similar establishments, were employed for the dispensing of medicines and the reception of the afflicted poor. Now, however, under the new order of things, we notice the general rise of hospitals and infirmaries, similar to what we at present possess, in different parts of Europe, and especially in Britain; and several of the largest and most flourishing hospitals in London were either founded or remodelled about this period.

It is just two and thirty years since the first

medical student entered these walls as a regular registered pupil, since which nearly 500 names of alumni have been successively recorded; but it was not till the year 1827 that *clinical instruction* was systematically established, which was accomplished under the able and zealous superintendence of Doctors McDonnell, Stephenson, Thompson, and Wilson, and Surgeons Forcade, Moore, Coffey, and M'Kibben. Of those only two now survive—Dr. Stephenson, the respected President of the Medical Society, and head of the profession in Belfast; and Dr. M'Kibben, one of our most esteemed practitioners and public citizens.

With this rapid glance at the history of medical eleemosynary institutions in general, and the rise of clinical instruction here, however interesting the theme, I must be for the present content, and proceed to treat of the important objects these noble asylums are calculated to realise. Besides the relief of human sufferings, which must always form the prominent and most obligatory purpose to which a medical charity is devoted, *the improvement of medical science* is an object scarcely less paramount, inasmuch as its realisation is of all things calculated to enlarge the means of medical and surgical relief. This object, you are aware, is mainly effected, in all hospitals, by the inculcation of practical instruction *at the bed-side*; for, however varied and profound may be the learning that the student may acquire in collegiate halls, he must, after all, sit down at the couch of the sufferer, and, in all humility, inquire of nature herself as to her secret workings. Here he must, at last, appeal to her decision; and frequently, with much mortification, he will experience the sad truth, that man is often fonder of proving his own fancies than humbly recording the simple answers of nature—the touchstone of truth. Now, gentlemen, let us inquire what the Hospital is calculated to teach you. It is plain you do not come here to learn anatomy, physiology, the principles of medicine, or surgery, botany, or chemistry. All these you are enabled to master elsewhere. But you do come here to see and to learn *the practical result* of all this knowledge. You come here to learn *how to detect disease*—to train your mental vision so to enable you to see the sufferer's body through and through; and then, when you have become so proficient as to place your finger with unerring precision on the seat of the malady, you have further to learn *how to conduct the treatment*.

It may appear to the young and enthusiastic student that these requirements may be readily accomplished; but, let him be assured, he can imagine no greater mistake. Clinical instruction is *not* to be imparted by a careless walk through the wards. To examine and distinguish disease for himself—to apply the necessary means of cure—to set the fracture, to dress the sore, and perform the minor operations with his own hands—to watch under close superintendence the effects of remedies—the movements of the knife of the operator in the most

difficult operations—and to inspect the traces which mortal disease has left upon the human frame—are matters which no routine, or hurried or lounging attendance can realise; but, on the contrary, the most patient, assiduous, vigilant, zealous, and unceasing labour, both on the part of the teacher and pupil, is absolutely necessary to develop the educational resources of an hospital.

These observations apply with peculiar force to the inculcation of practical instruction in *medical cases*. Here there is no visible clue, in the great majority, to enable the junior pupils to distinguish one case from another. He may, indeed, with the aid of a retentive memory, acquire a sort of parrot knowledge of a few cases in a session; but is this, I ask, the object of your visits to the wards? No. You require such an amount of information as will enable you not merely to understand any particular case, but to examine and diagnose any similar case *for yourselves*—in short, such knowledge as will make you independent, in a great measure, of your preceptor's *dicta*. Now, by a want of a due appreciation of this important knowledge, especially on the part of the junior pupils, and not a few of the more advanced, of all hospitals, it is to be feared that a very large proportion of the time spent and paid for is rendered perfectly useless.—It is to be very much feared that the boasted experience of even metropolitan hospitals is confined to a favourite few; that a crowd of votaries at the close of a session can merely say, that they have attended such and such infirmaries, or followed the footsteps of such and such distinguished men. And it is much to be feared that the patients as they lie in the medical wards are seen only with the physical eye, and that that inner vision, which penetrates the veil and perceives the pathological operations going on within, is rarely imparted. It seems strange, then, that, notwithstanding this too general deficiency amongst the pupils of almost every hospital, the medical wards should in general be so thinly attended; while, on the contrary, capital operations, frightful wounds, enormous tumours, extensive sores, and such like striking cases, seem to attract the student as the pole, the magnet. But, were he to reflect a moment, were he calmly to ask himself what are the cases that I shall meet with when I enter upon practice? Will it be a case for lithotomy? Or one requiring ligature of the carotid? Or amputation at the shoulder joint? Assuredly not. Nine-tenths will, and must necessarily be, *medical cases*. Self-interest, then, the desire of preserving or making a good reputation—not to speak of any higher motives—will, and should, induce him to study medical in at least an equal degree with surgical cases.

Now, I ask, how can he do this? What preliminary information does he require? His eyes and hands, though of much use in surgery, will assist him little here. In a host of cases, he is necessitated to make inquiries. The answers are a crowd of incongruous symptoms, he questions the history; a variety of replies confuses him; and, in short, he frequently

finds himself the more and more in a maze the more elaborate his inquiries are. Why is this? Why can he not *at once* define the complaint? Why does he find a medical case difficult of solution? The simple reply must ever be, that the knowledge necessary to interpret aright the phenomena observed is wanting. This, then, is the great *desideratum*. This is the grand *sine qua non* which every hospital student requires when he commences his hospital course. This knowledge is, or should be, included in his previous studies.

This will be more readily apparent from the following considerations. Thus, when a case presents itself which is not at once manifest, it is necessary to enter into an inquiry with the view of ascertaining its nature. Among the subjects of your inquiry, you will take particular account of the circumstances which determined the existing illness. This necessarily opens up the wide field of etiology, or the study of *causes*. You will inquire whether there may have been any agency at work of a direct or exciting kind, or one merely predisposing and remote; whether there has been anything in the residence or occupation—the season of the year—the previous diseases and injuries—the diet and habits, and a number of other matters which affect the condition of the patient. You will thus notice how much it behoves the practitioner to know, even upon this single point, to enable him to interpret the answers aright. An illustration will place the importance of this subject more distinctly before you. A young woman was admitted into this Hospital last year, in a state of high fever. She was carried to her bed. She had been ill about six days. The pulse was small, and numbered 140; the tongue was dry and brown, and sordes covered the teeth; the skin was dry and hot; there was great thirst, no sleep, frequent delirium, and constant restlessness, with the appearance of intense distress. When questioned, she complained of her head, and of general soreness. The intelligence was, however, too dull, to allow of much dependence being placed upon her replies. I remember, at the time, remarking that the symptoms, though exceedingly like those of low continued fever or typhus, yet, in consequence of the rapidity of their development, were more probably those of inflammatory typhoid fever, arising from some *local* cause; and I accordingly directed particular inquiries to be made into her history, and especially the mode of origin of her illness. Her friends were questioned, and it was, indeed, ascertained, that, shortly before her attack, she had strained her right elbow joint. This part was then very carefully examined, and though but a slight degree of fulness and tenderness was noticed, there was little doubt that inflammation had originated here. This the sequel proved. Purulent matter formed around the joint, and eventually communicated with it. The pus burrowed deeply among the muscles; and the case became apparent as one of typhoid diffuse cellular inflammation. You will thus observe, that the history or etiology of this case was the turning point in deciding its nature.

Again, when we come to a case for the first time, we immediately notice the general *appearance*, and, by a visual scrutiny, endeavour to fathom the general morbid condition present. In most cases, this knowledge is indispensable to a proper diagnosis and treatment: in all, it is of great value. Many a case receives its elucidation by this observation alone. Let us take one in point, which is graphically described in a recent work. The writer says:—“In the Spring of 1850, in the course of my morning reception, a man, about 40 years of age, placed himself on a chair before me, and projected his face without saying a word. He was right, his face was a written page, and there was no need of speech. Taking him in his humour, the following colloquy took place between us. ‘You have been treated for lupus?’ ‘Yes.’ ‘If your case were one of lupus (meaning *Lexedens*), I should, in its present state, hold out very little hope to you; but it is not one of lupus, and you shall be cured in a few weeks.’ The man started to his feet, and, with tears in his eyes, exclaimed, ‘You do not know for how many months I have suffered from this dreadful disease, and that I have tried everything in vain.’ He then told me, that in consequence of this infliction he had been obliged to give up an appointment which he had held in the city, and, with his wife and family, and slender means, was about to retire into a distant retreat—that, in a word, his prospects were destroyed—he was ruined; his only remaining hope being a residence in the country, and trust in the curative powers of nature; and that, before taking this final step, he had been advised to consult me.” I shall not proceed further with this interesting case, but merely inform you that a few weeks’ proper treatment, based upon a knowledge of the constitutional character of the case, restored him to his former health and anxious family. Every trace of lupus entirely disappeared; he became perfectly well, a happy and vigorous man, and the promise made to him on his first visit was faithfully redeemed.

It is self-evident, that, unless you possess a knowledge of the causes and nature of *symptoms*, or that branch of the principles of medicine called *semiology*, your appreciation of any case must be very meagre indeed; and the great mass must be only a confused jumble. To make these symptoms *signs*, there must be our great object; otherwise, we might look upon the phenomena of a case as you may imagine a raw rustic, gazing unmeaningly, and with stupid wonder, at the simplest chemical experiments. He sees them as well as any adept; but he does not perceive their nature or value. Indeed, the mastery of the study of symptoms may be deemed the grand aim of the medical practitioner, as their proper interpretation can alone guide him aright, when surrounded by the mazes and obscurities of apparently contradictory phenomena. The value of this study is ever pressing—ever necessary. He cannot safely take a single step, even in writing a prescription, or giving directions to his patient or his friend, touching diet and regimen. He cannot inform

them of the nature of a case, or glance at its future, without a thorough acquaintance with this branch of medicine. It is scarcely necessary to *prove* the importance of a right interpretation of symptom; yet am I induced to give you a single instance of its necessity, with a view of shewing that the misinterpretation of even most prominent symptoms may lead to prolonged suffering, if not more serious consequences. An eminent practitioner in Dublin was once called to a young lady, who had been seized with the symptoms of violent and alarming bronchitis. The fits of coughing went on for hours, with extraordinary intensity; it was dry, extremely loud, hollow, and repeated every five or six seconds, night and day, when she was asleep, as well as when she was awake. Its violence was such, that it threatened (to use a vulgar phrase) to tear her chest in pieces; and all her friends wondered how her frame could withstand so constant and terrible an agitation. And, yet, she fell not away proportionality in flesh, had no fever, and her chest presented nothing beyond the respiratory sounds usually attendant on dry bronchitis. She was bled from the arm, leeches, blistered, and got the tartar emetic mixture, but without experiencing the least relief:—"We next tried anti-spasmodics, varying and combining them in every way our ingenuity could suggest. Still no change. We next had recourse to every species of narcotics, exhibiting in turn the different preparations of conium, hyoscyamus, opium, and prussic acid; but again without the slightest benefit. Foiled in all our attempts, we gave up the case in despair, and discontinued our visit." Meeting the original attendant some time afterwards, the consulting physician anxiously inquired about their patient, and was surprised to hear that she was quite recovered, and in the enjoyment of excellent health. And now, hear the key to the mystery. She had been cured all at once by an old woman! This veteran practitioner, a servant in the family, suggested, for the purpose of relieving a sudden attack of cholera, a large dose of turpentine with castor oil; and, whether she had any idea of the cause of the cough or not, certain it is that, two or three hours afterwards, the evacuations contained a large mass of *tape-worm*; and from that moment every symptom of pulmonary irritation vanished.

But, even when you have overcome the difficulties of ascertaining the site of the disease in any case, you have much to do in order to detect its nature. Here physical examination will, in thoracic and abdominal affections, be of essential service. This point, you will notice, opens up the entire subject of the *auxiliaries* to diagnosis, which are now necessary for the proper explanation of internal organs. The eye, the ear, and the touch must be educated and specially trained ere this study can be practically completed. The stethoscope, percussors, stethometers, and similar instruments, are valuable aids in this work; and, I may add, it is only in an hospital that you can become thoroughly acquainted with the indications which the use of those instruments imparts. Besides, much

important information is derived from chemical and microscopic manipulations, which the unaided senses could never attain. A case in point will bring this matter home. Spillan relates it:—"We once remember the case of a patient, who presented a group of symptoms, such as dyspnoea, violent cough, copious expectoration, great exhaustion, and emaciation, together with night sweats, which his medical attendant decidedly pronounced to indicate phthisis. The patient was directed to give up his business and retire to the South of France. (This occurred just at the time when the stethoscope was beginning to gain some ground in this country, in spite of the powerful and virulent opposition of those practitioners who were either too lazy, too stupid, or too old, to submit to the labour of studying. That is about thirty years ago.) The patient was submitted to a stethoscopic examination. We detected absolute dulness of sound on percussion on the right side over the lower part of the lung, both anteriorly and posteriorly, with distinct puerile respiration in the upper part of the same lung, and bronchial respiration in the dull region. Our diagnosis, based solely on this examination, was hepatization of the lower part of the right lung, and that the case was one of simple pneumonia, which, because some relative of the patient had died of phthisis, the family physician took for granted, without further examination, to be a similar affection. Upon the adoption of the proper means, the patient was restored to health and his family, though it is evident that, had he gone on much longer, he would have fallen a victim to the disease and to the ignorance of his symptomatic attendant, whose diagnostic powers would have gained still further credit from the very fact which should have for ever condemned him as a practitioner."

The ability to detect disease necessarily implies a knowledge of *pathology*—of diseased structure and changes. You may, from your knowledge of physiology and symptoms, correctly ascertain that in a given case, the brain, for example, is the seat of the disease; but this will not help you to distinguish the species, or regulate the treatment, without a proper knowledge of the differential characters of diseases of the same organ. And this matter, believe me, is in importance second to none; for, your treatment and prognosis must invariably depend upon your pathological discrimination. The problem—Given a certain history, symptoms, and the result of examination, what is the special disease?—must be correctly solved, before you can lay down any rational line of practice.

Looking, now, upon this great object of your studies here—the detection of disease—with the impressions springing from my preceding statements, you must readily observe that your hospital visits should possess more than usual interest, especially to the uninitiated amongst you. It is true, the connexion between the cases here observed and future success seems too remote and too indistinct to stimulate your closest attention. A key to the disclosure of what nature presents us here, the student may, and it is to

be hoped eventually does, form for himself from his own observation and reflection; but it is to be greatly feared, in many cases, much too late to prevent him making egregious misinterpretations in actual practice. Williams puts this point well:—"Let us follow the student, well crammed with his nosological list, their definitions, &c., to the bedside. Let us see how his knowledge, so meritoriously and laboriously attained, will serve him in the hour of need. In a few cases of fully-developed and well-marked acute diseases, such as pleurisy, scarlet fever, or rheumatism, he may get on pretty well; but, in the commoner description of cases, acute or chronic, in their early stages, or their endless variations, arising from peculiarities of constitution, or from complicating causes, he finds himself continually puzzled.—The phenomena do not correspond with any of his defined diseases. They frequently change their character in a way that he cannot account for. His progress is falsified—his diagnosis fails—and his practice, although not always unsuccessful, does not answer according to his expectation—some patients recovering whom he expected to die, and others dying or not improving whom he expected to recover." It is no wonder that, overwhelmed amidst such perplexities and difficulties, he should lose his firmness and trust in his principles of medicine, and lapse into a mere routinist or empiric.

A competent knowledge of the means whereby to detect disease is the sure plan to convert your pupillage here into real *experience*. Experience must not be confounded with *observation*, which, it is presumed, every pupil exercises. It is something more. It is what the practice of the practitioner imparts after long and arduous years. At the same time, it is, I maintain, within the grasp of the intelligent inquirer, though he be only a student. Experience being that practical information which is the result of a careful and educated observation of a large number of cases, it is the most important of all the acquisitions an hospital attendance can bestow. It serves as a constant reservoir of truth, from which the possessor may, at any succeeding time, draw with the utmost confidence. It is, unfortunately indeed, too true that the student frequently only begins to learn his profession really and practically when he enters upon its duties and undertakes its heavy responsibilities.

Nothing is so eminently conducive to the subversion of error and the eduction of truth, and nothing so much encourages and excites a spirit of inquiry, as a constant endeavour to comprehend the nature of the disease in any given case. It is not very many years ago when it was the highest perfection of our art to be enabled to give a name to any case, even when that name only signified a combination of symptoms. "Tell me the name of the disease," was the motto of the nosologist of former times, "and I will tell you the remedy." We know now that this is but an ancient fallacy, which a single attentive observation is sufficient to expose. Take, for example, this case. A

patient is brought to you, you look at him—you feel his limbs—you see they are anasarcaous—he has dropsy. Dropsy is a nosological disease; and, in our old authors, you will find laid down *seriatim* what is good in this condition; and every conceivable medicine of an evaculatory tendency is recorded in the list of efficacious remedies. Suppose you prescribe, you may give powerful hydragogucs, but you find it is of no use; you administer a combination of active diuretics, still without avail. How is this? For a very simple reason. You neglected to ascertain, in the first instance, *where* and *what* was the disease. You relied upon a *symptom*, and you treated a symptom; but like the heads of the fabled hydra, it reappeared to shew you that the root of the evil remained untouched. Again, your studies here will render your pathological knowledge practical and always available at the bedside. Alone, pathology may be learnt at the dead-houses or museums, when previously elucidated by a knowledge of anatomy and physiology; but such, indeed, would be useless knowledge. Your studies here will make it *living* knowledge—transform the rude and inert materials into a useful machinery, and ultimately produce that practical knowledge which serves the practitioner in unravelling the most mysterious cases.

But most important of all, your studies in the wards will enable you to point out with almost unerring accuracy that line of rational *treatment* which is most likely to succeed. Fortified by a previous and exact acquaintance with the true nature of the malady, you can lay down, with the utmost confidence, the scheme of management you are to pursue. Unlike him who, as the blind man with the club, in his perplexity, deals his blows about him and on all sides, in the vague hope, that a chance stroke may rid him of the enemy, he can calmly survey the most frightful aspect which the case may assume, and give his directions with as much confidence and trust if he were superintending the most ordinary procedure which was completely under his own control. Of course, this observation must be taken with some limitation. All cases are not thus laid bare to our mental vision. Many, indeed, it may be believed, may remain for ever obscure; though, as science advances—as new aids arise to augment our powers of observation and examination—so we may expect to see the domain of rational medicine encompassing an ever-increasing field of truth.

Remember, gentlemen, that you are entering upon your hospital studies under the most favourable auspices. You will here have abundant opportunities to make yourselves fully acquainted with the most important maladies to which man is liable; and, in comparison with the student-life of our oldest existing practitioners, your lot is one of the most favoured and enviable.

Within the past thirty or forty years, the science of medicine and surgery has made astonishing progress. The brilliant light of chemistry has flung its rays into the obscurest regions; the improved aid to vision,

practically commenced by Borelli, Malpighi, & Lewenhoeck, but only brought into general and matured use from the researches of Schwann, Müller, and others of the present day, have completely overturned the ancient ideas of animal growth, and the intimate processes of disease; and I need scarcely advert to the immense improvement in the discovery of disease which the immortal Laennec, in 1818, first promulgated to the world.

With these vast advantages at your hand, and in possession of the experience of the long roll of worthies in our profession through all time to guide you, if you but pay common attention to the cases presented to you, and carefully study from the suggestions which the precepts of your teachers here will contain, I do not fear that you will ultimately attain that much-prized *desideratum* of the ancients—an *early experience* and a well-stocked, yet improving, mind, which will serve you hereafter, when surrounded with difficulty and danger. Remember, also, gentlemen, that much remains for *yourselves* alone to accomplish. The path to true fame is narrow, rugged, and steep. Your teachers can only point out and smooth the way. Your own energy and perseverance can alone accomplish the feat.

If you but use aright the powers of observation and the talents which Providence has intrusted to you, while prosecuting your studies here, the scenes you will witness will be cherished in your memories while life remains.

I would entreat you to preserve with the utmost care the practical information which you may here acquire. For, consider that all you have thus received may, at no distant day, bear a *practical* application, when you undertake for yourselves the responsibilities of practice. Many of you may then be located where no friendly advice or aid can reach you—in the distant village—on the ocean track—on the foreign shore, Think how awful must be the reflections of a conscientious man at such a juncture, when a human being is lying at his feet, imploring that assistance which his art *could* afford, but which, from a previous neglect, he finds it now impossible to give.

Think, then, gentlemen, seriously of your present period of probation. You have time, and no lack of opportunities of gaining a thorough knowledge of your profession, such as none of your predecessors ever enjoyed. Lose not a moment of the precious period; for, though it may appear long to you now, it will seem as nothing when you embark too soon on the voyage of professional life.

Therefore, gentlemen, I advise you, for your own credit, but much more for the sake of those whose health and lives will be placed in your hands, take every opportunity, especially in your hospital attendance, of improving yourselves in your profession.— Try to find out every thing *for yourselves*; and, depend upon it, you will know its true value and its true application; and remember this, all the great men in our noble profession, whose memory we are taught to revere, have ascended to their present

glorious altitude by arduous toils, passed amidst difficulties and obstacles sufficient to deter the ordinary intellect—passed through long years of neglect, yet with unflinching trust—always aiming at superiority, until, at last, the demands of fortune were satisfied, and they were at length permitted to reach the temple of fame whose light encompasses the world, and penetrates all time.

One word in conclusion. Though this Hospital cannot in point of magnificence and extent be favourably compared with the princely foundations of Dublin or London—though it cannot boast of Royal revenues or chartered privileges—it does possess, for us at least, a memorable *prestige*, and can lay claim to properties peculiarly its own. Sixty years ago this great town, the commercial metropolis of Ireland, was little better than a village. Yet *then* were steps taken to establish the first fever hospital in this country. A few paltry rooms in Smithfield were the prototype of the present noble building, which was reared amid the horrors of a wide-spread pestilence in 1817. Both at this time and in the period of its infancy in 1792, to the immortal credit of our profession let it be told that *medical* men were mainly instrumental in its accomplishment. Yes, the names of MacDonnell and Thomson are engraven on the minds, and will ever be indissolubly associated with the virtues of Belfast citizens. Such associations as these connected with this institute we cherish with a pardonable pride. In other respects, though our Hospital is small and our funds limited, yet, I believe few places will be found to possess equal, and certainly not superior, recommendations, especially to the junior student. In this large and rising manufacturing community, with its thousands of operatives, applicants for admission are, unfortunately, more numerous than our resources enable us to receive. A selection is, therefore, indispensable—and the student is thereby doubly benefited by observing the most important cases in greater variety, perhaps, than in any similar city of the empire. This, I can assure you, is no inconsiderable advantage; but it is not unsurpassed by another which more intimately concerns ourselves. I believe I may have no hesitation in declaring, on behalf of my colleagues and myself, that in whatever way it is possible to serve your professional interests in the prosecution of your studies here, we shall be ever actuated by a never-failing zeal, and desire to act, to the utmost of our ability, for your benefit and the advancement of the BELFAST MEDICAL SCHOOL.

At the close of the address, which was warmly applauded, Dr. Malcolm announced that a valuable prize, the handsome donation of Dr. W. M'Gee, would be awarded at the close of the session for a series of the best reported cases that have passed under treatment, and would be open for competition to all pupils of the Hospital, to be adjudged by the attending staff. He further stated that prizes would also be given by several of the members of the staff individually, of which particulars would be announced in due time.