THE HUNTERIAN ORATION,
Delivered February 14th, at the Royal College of Surgeons of England

BY T. SPENCER WELLS, F.R.C.S.,
President of the College.

Mr. Vice-President, My Lords, and Gentlemen,—Just seventy years ago, Matthew Baillie and Everard Home, being, to use their own words, “desirous of showing a lasting mark of respect to the memory of the late Mr. John Hunter, which shall at the same time express the very high sense they entertain of the very liberal conduct of the Royal College of Surgeons, in supporting and preserving the Hunterian Collection,” agreed with Sir William Blizard and Mr. Cline to endow “an annual oration, to be called the Hunterian Oration, which shall be read or delivered in the theatre of the said college on the 14th day of February in each and every year (being the birthday of John Hunter).” They devised that such oration “shall be expressive of the merits in comparative anatomy, physiology, and surgery, not only of the said Mr. Hunter, but also of all such persons as are or shall be from time to time deceased, whose labours have contributed to the improvement or extension of chirurgical science.” After the first oration in 1814, one was delivered every year until 1849. Since that year, it has been biennial; and the indefinite phrase, “from time to time deceased,” has been interpreted as applicable to the Fellows and Members and other distinguished men who have died since the delivery of the previous oration. This custom I shall follow; and, before alluding to any other subject, I will endeavour to bring before you some account, necessarily very brief, of a few of the men who have died since February 1881, whose labours have contributed to the improvement or extension of chirurgical science.

Were I to attempt to do more than make a passing allusion to such men as Schwann, and Bischoff, and Darwin, and Holleston, and include comparative anatomy and physiology in the term “chirurgical science”—which in the home of the Hunterian Museum I should almost be bound to do—the short space of one hour would be so fully taken up as to exclude any other subject. And even if I were to include some of our countrymen who have rather advanced the medical department of chirurgical science, and allude to such veterans as Christian and Billing, or Alderson, or Watson, whose loss is so recent, and to whom persons J. shall always be grateful for kind encouragement in the earlier years of my practice in London; or to our Scotch brethren, as Pirie and Spence; or Thompson, of Lismore, who did the first ovariotomy in Ireland; or McClintock, a leader among our Dublin brethren—any notice must be so brief as to be useless. Still more so, were I to include those of our brethren abroad or in America, like Pirogoff, Busch, Huctor, Davaine, Atlee, who now have either their labours, and whose works follow them. I am compelled, therefore—not from want of respect or appreciation of such men, but simply from want of time—to limit myself rather to those Fellows and Members of this College who have died since Mr. Holden’s eloquent oration was delivered here two years ago.

Three hundred and sixty-eight Members and Fellows are included in this death-roll of only two years. A hundred years ago, in 1785, when Hunter had just bought the house in Leicester Square, which in its size and form of Alhambra was burnt down last year, the members of this College number about four hundred; we have increased in number more than twofold; for we have now 16,093 Members and 1,186 Fellows—a total of 17,279 men associated in our work. In the two years which have passed since the last Hunterian Oration, 363 of the associates have died. The average age of the Fellows was about sixty-six years, and of the Members fifty-seven years. One Fellow and four Members attained the age of ninety years and upwards, and twenty-six, thirteen Fellows and twenty Members aged upwards of eighty. A few Members within five years of obtaining their diplomas, and we lament the loss of one Fellow whose and only two years of age. Two of our deceased Fellows, Luke and South, had attained the highest position in our College. Both were members of council, both examiners, both had been president twice, and both had been teachers of surgery in large metropolitan hospitals.

Mr. Luke was twice president of this College, in 1853 and 1862. He delivered the Hunterian Oration in 1852. For many years he was one of the examiners, and he was connected with the London Hospital from 1860 as a pupil, till his death at the age of eighty-
two, when, after having long retired from private practice, he held the office of consulting-surgeon. He attended the lectures of Abernethy and Astley Cooper, and was one of the personal links connecting these great masters of our art with the surgeons of our time. Luke’s work as hospital surgeon and as teacher certainly contributed to the advance of surgery in his time. In his operations for hernia, by small incision and division of the stricture without opening the sac, his success was so striking as to have been a stimulus to the study of the subject. His paper on the operation of ovariotomy, in which he brought so much to the study of Hunter’s character as an example to ourselves, not only the “perfect honesty and integrity of all his scientific and -professional acts,” his indifference to money—except as enabling him to promote his favourite objects—his beneficence, his wonderful industry, and his careful subjection of all his doctrines to the test of fact or experiment.

Spencer Wells, F.R.C.S., 1866.

South was one of the last surviving relics of the staff of the then united hospitals of Guy’s and St. Thomas’s. Apprenticed to the younger Clin of St. Thomas’s, and after very many years’ service as assistant-surgeon there, succeeding too late in life to the full surgeoncy. He was a member of our Council from 1841 to 1871; was an examiner for many years: was Arris and Gale Professor of Surgery, delivered the Hunterian Orations in 1844; and twice, in 1851 and 1860, was honoured by the highest distinction his colleagues on the South Coast of England could bestow on him. He had been engaged on a history of the College and of the Barber-surgeons. His widow has permitted me to read the manuscript volumes—most beautiful specimens of modern handwriting, and very extraordinary evidence of industrioius research. One extract from these volumes I may now use as illustrating the advancement of the College since Hunter’s time.

A former President—then styled Master of the Corporation—Mr. Gunning, wrote as follows, on retiring, in July 1790, from the office:—

"John Hunter was one of those present when these remarks of Mr. Mead were first read to the College, and he has been engaged in the advancement of experimental physiology for the last twenty years: in which he has been, perhaps, the only man in Europe who has devoted himself to the study of the very imperfect way in which the College books were kept, and the necessary expenditure on dinners, he said: "Your theatre is without lectures; your library-room, without books, is converted into an office for your clerk; and your committee-room has become an eating parlour... If, gentlemen, you make no better use of the Hall than what you have already done, you had better sell it... I am sorry to observe that you have instituted lectures neither in surgery nor anatomy of any degree of importance, nor have you held out any gratification or reward for rising merit.

NOW, our library contains about 30,000 volumes, and every year becomes a more complete library of medicine and the auxiliary sciences. Our museum is our chief possession—the most complete of its kind in the world; and the offices of assistant-conservator are valued as rewards to rising merit. Our hall is not only used for the lectures of Flower, Parker, Fowler, and Eve, and of a succession of our leading professors, but for the examinations of the young men who will become the surgeons of the future. The Council has already taken the first step for providing additional accommodation for the examinations by securing the services of one of the greatest architects of our time—Mr. Waterhouse—to report upon different plans, which will have to be carefully considered. I am also hopeful that, by a judicious outlook on part of our accreted funds—assisted, perhaps, by contributions or legacies—we may supply what is now felt to be a great want in such a complete central pathological laboratory as may assist in making the living profession of medicine more popular. Dr. Ogston’s work at Aberdeen, on Micrococci and Polymorphous, has already proved how very useful such a laboratory may be, and more than justifies the most sanguine hopes of the good to be expected from the endowment of a chair of pathology in the northern university by the munificence of our predecessor in the presidency of this College—Sir Erasmus Wilson."
George Gulliver, who died last year in his seventy-eighth year, was a pupil of Abernethy, dresser to Lawrence, surgeon in the Guards, one of the first Fellows of the College under the new charter—elected "in recognition of purely scientific merits"—for twelve years a member of our council, and Hunterian Professor of Comparative Anatomy and Physiology. In 1863, he delivered the Hunterian Oration in this place, warmly criticising some who had said that the material for these orations is "nearly exhausted." He maintained that "material evidence" was not "theorems," but "proofs," and, by reviewing the works of a man of genius, in the now steady and now fitful lights and shadows of advancing science," and he warmly upheld, against what he believed to be unfounded claims of French and German physiologists, the just merits of the British school of physiology; instancing the labours of Hunter and his disciples, especially of Hewson, who, "fairly entering that prolific field of cells and endothelial manufacture," left a patella, aneurism, and other demonstrations for upwards of half a century afterwards, until new minds, with the aid of better instruments, found in it such a variety of rich fruits, and confirmed so many of his long-neglected conclusions.

In one of Gulliver's lectures, he asserted that a moderate quantity of beer may promote the formation of a chief product of digestion—the chyle. His illustrations of the molecular base of the chyle, of the intimate structure of tubercle, of the softening of fibrine, and his investigations into the effects of agglutination of tissues and their relation with arterial changes and apoplexy, were all included in the pathology of his day. He argued that the modern "protoplasm" is but a synonym of the old "coagulable lymph," and that a delicate cut or scratch might be formed by coagulation of fibrine without any cell-agency. His demonstrations that the red blood-corpuscles in the mammalia are non-nucleated, while in the oviparous vertebrated there is a distinct addition to the knowledge of the age, and his experiments upon the conditions under which fractures of the patella are united by bone or only by ligaments, and his observations upon shortening of the neck of the thigh-bone in young persons, were important additions to surgical diagnosis and pathology.

Gulliver's life affords another proof that the career of an army surgeon is far from being unfavourable to the cultivation of science. His son, now assistant-physician at St. Thomas's, has already from his researches become a doctor of medicine in the University of Cambridge, and is worthy following in the path which earned honour for his father.

The name of George Crichtett recalls to many who hear me, meetings for several years at our council table, and his pleasant companionship at many less serious gatherings; and it would be difficult to name one whose loss has been more sincerely regretted. His life and work are remarkably illustrative of the recent extraordinary progress of ophthalmology in this country. It has been said that pharmacy commenced in the "pre-scientific period of ophthalmology." But it is recorded by George Crichtett that the foundations for the most important of the advances of the 19th century were laid in England by Hunter, in ground prepared by Isaac Newton and Thomas Young. The anatomy of the eye was well known before Hunter's time; and Haller and Hunter, with Newton and Young, had done much to increase our knowledge of the physiology of vision. Davie's extraction of cataract, Cheselden's iridotomy, and the treatment of diseases of the lacrimal sac, were already proofs of great progress. But it was not until after the beginning of this century that well educated surgeons in any country devoted themselves to the study of diseases of the eye. Hunter's papers on the use of the oblique muscles, on the colour of the pigment of the eye in different animals, his investigations into the structure of the cry-wall lens, and the large number of specimens illustrating his comparative anatomy of the eye, now in our museum, are proofs of his interest in the subject. The foundation of special hospitals in London in 1808 and 1810, and the works of such great surgeons as Travers, Lawrence, Guthrie, and Tyrell—of such an anatomist as Jacob, and such an oculist as Mackenzie—did much to increase the general knowledge of diseases of the eye. In Germany, until about thirty years ago, the school of Vienna occupied the most important position. Then the school of Berlin entered upon a path which led to as great, as rapid, as extraordinary a progress as ever has been witnessed in the history of any other branch of medicine, equally only by the advance gained during a still more recent period in abdominal surgery, surgical gynaecology, and the use of antiseptics.

It was in 1831 that the great physiologist Helmholtz invented the ophthalmoscope, and thus enabled us to investigate some diseases of the eye which before were completely hidden in darkness. Just at this time Albrecht von Graefe began his brilliant but short career, and in twenty years he worked out all the most difficult and complicated questions in ophthalmology for the aid of the practical surgeon. Graefe called to his side the best men to assist in his great work. Heinrich Müller worked out the modern pathological anatomy of the eye; Dunlop, the affections of refraction and accommodation; and one distinguished German, who joined this college after a brilliant career in Berlin and Paris—Liebreich—devoted himself mainly to the study and teaching of the ophthalmoscope. I well remember, when in 1853 I brought from Berlin almost the last model of the instrument which was tried in this country, with what delight Crichtett witnessed its earliest trials. When some called it "foolish," and others feared its practical use to a sensitive retina, Crichtett eagerly tested its utility. He, and a fellow-workman, happily still among us, beloved by many and honoured by all, who had done much to increase knowledge of the "parts concerned in the operations on the eye," and whose micro-surgical researches had greatly increased our knowledge of ocular histology (even to our estimation), I shall not name Bowman by side by side, with generous rivalry, and throughout a long and useful career, either by improvements in practice, or by clinical teaching and additions to our literature, greatly assisted in the recent progress in the science and art of opthalmic surgery. How much of this progress is due to the teaching and example of Crichtett at Moorfields and the Middlesex Hospital, it is perhaps difficult to say. But it is certain that he could not have operated without ambition, or without some desire to be able to do the same type of perfect coolessness, his delicate touch, and his exact precision; while we learn how a successful operator, by attention to every detail which can influence the result, deserves and obtains his success and his reputation. A junior colleague, Sollberg Wells, had studied in Berlin under Graefe, and his handbook became a valuable guide for our students. His faithful and fertile work at Moorfields and King's College Hospital must be forgotten in the annals of those institutions. Liebreich will be remembered by his enthusiastic and successful work for ten years at St. Thomas's, and the translation of "Atlas of Ophthalmology" (equally distinguished by artistic skill as by a faithful and trustworthy interpretation of intra-ocular changes), will always be valued as a notable contribution to the literature of modern ophthalmology. Our public schools have also been greatly improved by the seats and desks suggested by his endowment, and some have even crossed the boundaries of our island, to relieve severe pain as Joseph Clover. As an administrator of cholera, or of some other anesthetic, his services were in almost constant demand. For many years resident in University College Hospital, he was extensiy occupied in general practice, he became so well known for his careful and precise mode of administering anaesthetic vapours or gas, that little time was left him for other pursuits. In some respects, although he supplied a real want in daily practice, this limitation of his work is to be regretted; for the valuable improvements he made in several surgical instruments, especially the double-current exhausting syringe, so useful in lithotomy, afterwards improved by Bigelow, prove that, with less delicate health and more leisure, his many friends would have been able to record more and enduring memorials of the life-work of a singularly industrious man. Now they must content with thinking

"On that best portion of a good man's life, His little, nameless, unremembered acts
Of kindness and of love."

I should hardly do more than mention the name of Dr. Peacock, though one of our Members, as he was so purely devoted to the practice of a physician, if he had not been one of our Examiners. And now I can do little more, for want of time, than allude to his little nameless, unremembered acts, or his "On that best portion of a good man's life, His little, nameless, unremembered acts, Of kindness and of love."
science and human and comparative pathology; of Dr. Griffith, of Gower Street, who died at the age of ninety, after having honourably carried on a very large general practice for more than sixty years; of George Macullum, so well known at the Medical Society and the Royal Institution for so many years, who wrote the Life of A. W. M., and a model of a profession. He entitled himself an Inductive Science, and reached the age of eighty-five; of the octogenarian Francis Godrich, one of the founders of the Medical Benevolent College; of John Merriman, of Kensington, one of a very old medical family; of Frederick Toulmin, who died in his eighty-fifth year, on the 10th of July last, after having practised for forty-four years in Clapton; he had been a dresser under Sir Astley Cooper; of Stephen Allford of Hampstead, who took an active and useful part in the attempts made for several years past to protect and reform habitual drunkards; Hemming, who worked hard at the discharge of the ear; and Duke of Clapham; of Donald Napier, a surgeon who inherited mechanical genius, and though he devoted himself specially to dental surgery, he constructed and improved many ingenious surgical instruments. The Association of Surgeons who practise Dental Surgery owe a great deal to Napier’s zeal, and he did very much, although he died at fifty, to improve the position of dental surgeons. Nor was Hardwicke forgotten, who left practical testimonials of his skill in the Middlesex, and died at his post; nor Heckstall Smith, almost as well known in London as in Kent, where he practised for more than fifty years. The lives of most of these gentlemen have already been fully recorded in our obituary columns.

Turning from London to the provinces, Mr. Wells spoke first of medical men who resided near London. Thomas Badford, who attained the age of eighty-eight, and for sixty-three years had been associated with St. Mary’s Hospital for Women in Manchester.

Stephens, of Shields, was an octogenarian, whose services to the town he served were gratefully acknowledged; Greenhow of Newcastle was one of the original Fellows of the College. At his death, at the age of ninety, there was only one senior Fellow on the list.

Gore of Bith, was also an octogenarian. Green, superintendent of the Birmingham Lunatic Asylum, died at eighty-one. Williams of Swansea, who died at the age of seventy-nine, the son of a surgeon who practised nearly a century ago, and was, at that time, the only surgeon at this College in South Wales. Symonds of Oxford, and Nunn of Colchester, both old friends of the lecturer, were next alluded to.

Mr. Wells then spoke of Drewry Ottley, who died last month, aged 80, the author of the best Life of John Hunter—that published with Palmer’s edition of Hunter’s works. Lastly, the lecturer spoke of John Postgate, a most successful teacher in Birmingham, who did much to prevent adulteration of food, drinks, and drugs. Several Bills were introduced into Parliament by the Members for Birmingham, influenced by Mr. Postgate, and the Amended Acts of 1872 and 1875 are mainly due to his exertions.

Only a small proportion of our brethren have acted purely as consultants or operating surgeons. By far the larger number, some without, but more with, medical qualifications, have been the general practitioners, or “family doctors,” of the people—the trusted medical attendants of at least nine-tenths of the population. Wherever their lot may be cast—in town or country—they instruct both rich and poor how to preserve health, and remove or avoid known causes of disease. And although little may be recorded of many, we do know that the nation is much indebted to them as to any other class of public servants. By night and by day, at the service of any one who may require help in sickness, at the opening or the close of natural life, in mental aberration or in bodily suffering, injured by wound or accident, at almost any distance, in any weather, sometimes escaping themselves from illness or over-fatigue, the members of this college, often without expectation of reward—perhaps bestowing money, hard earned and ill spared, as well as affording surgical aid to the needy—grudgingly, cheerfully, gladly do their duty day after day and year after year, until, overcome by age, they retire, or are no longer able to serve. In every hospital, in the fleet and land forces, in our country and foreign camps, their services, though not unheralded. There may be no monumental epitaph, no biography nor memoir, nothing beyond the erasure of a name from the College calendar, and yet the nation has lost a good and faithful servant, whose place must be filled by others, who in their turn pass through our portals, and enter upon the work which is prepared for them.

And it is the most important duty of this College, while maintaining the scientific value and character of its diplomas, to guard the age, and protect the health of the nation. The young and skilful practitioners, really needed for the daily practice of the healing art. In order to insure the value of the diploma as a proof of education and knowledge and skill, the Council and the examiners, recognising the necessity that the surgeons of the future must be well educated gentlemen, and those who have not, either by their own exertions—or by the kindness of others, will fit them for their daily work, have been earnestly endeavouring to fill up our ranks by attracting, as far as possible, young men who, before they begin professional studies, have had the advantage of as high general culture as can be obtained in our best schools. In this desire, we have the hearty concurrence of the Medical Council and of the College of Physicians; and I trust the day is not far distant when, without either aid or interference from the State, the two Royal Colleges will correct mistakes in the working of the Medical Act, prescribe a common course of study for students, and agree upon a mode of examination which shall secure for the country a body of well-educated medical men, who, either as teachers of the young, or in the medical profession, or in the civil service or in the military service, shall fill the best of their predecessors, and, like them, while living be respected, and after death be held in deep respect in the hearts of their countrymen.

So far I have spoken of deaths among our brethren at home. In India, in our colonies, at sea in our navy, or in our mercantile marine, other losses might be deplored. But I must pass on to speak of some of the army surgeons, who in India, at the Cape, and in Egypt have been brought to their country and their calling. Brigade-Surgeon Martin, who died in India last March, was mentioned in despatches as “attending to the wounded under heavy fire.”

Forty years ago, one of our oldest Fellows, whom we all congratulated upon continued vigorous health and continued interest in the progress of modern surgery—a teacher of many who are now themselves teachers, and among the most distinguished of our generation, whose knowledge and practice are with the great French army-surgeon, Larrey, who had recently died, as “the first military surgeon who dressed the wounded under the very fire of the batteries,” and said that to him we “owe our place of honour on the field of battle.” The army surgeons of our day will maintain their reputation—not only for gallantry, but for self-sacrifice to duty. What can be finer than the conduct of Sherwood, who, riding away from the bloody field of Isandlwana, with a good chance of escape, dismounted to assist a wounded man, and was killed by the assegais of the Zulus; or of McCrea, who, severely wounded in the chest himself in the first charge, continued to assist the wounded until the last. Wells, the last of the first, a name well-known to our readers.

In the military operations on the Transvaal frontier against the Boers, the courageous devotion of army surgeons to their duty was conspicuous. At Lang’s Neck, “as the 88th regiment advanced and the men were falling rapidly, Surgeons King and McGann moved up behind the advancing column, and, on its retirement, remained, amidst a hail of bullets, attending to the wounded.” At the final disaster at Majuba Hill, the officers of the medical service remained faithful to their duties even unto death. Dr. Cornish was shot as, with a piper of the 92nd Highanders, he was carrying a wounded man on a stretcher.” [Mr. Wells then described the noble self-devotion and the glorious name of Surgeon-Lieutenant B. J. Fullarton, a narrative not well known to our readers.] He added: Well have the men of St. Bartholomew’s done by placing a tablet in their chapel, to keep in memory his bright example, by a record of his last words: “I am dying; do what you can for the wounded.” And not Bartholomew’s men only—not only this College—not army surgeons only, but the whole profession, the whole nation, will rejoice with me when I see the great queen the Queen was so much impressed by the story which I have just read to you of Landon’s noble conduct, that the report has been preserved among her private records—another proof of the Queen’s interest in her soldiers, and in the men who have devoted themselves to the service of their country.

The last Egyptian campaign has added another to the list of army surgeons killed in action while attending to the wounded. George Shaw had served in cholera camps in India, in the field in Afghanistan, and in the advance through the Khyber. He was a very good and valued man. He had served ten years in Egypt with the Bearer Company; and at Kassassin, whilst dressing wounded under fire, was shot through the head.
AN ADDRESS ON MEDICAL REFORM.

Delivered at the Annual Meeting of the Dublin Branch, Thursday, January 29th, 1883.

BY JOHN T. BANKS, M.D.,
Regius Professor of Physic in the University of Dublin; Physician in Ordinary to the Queen in Ireland, etc.; President of the Branch.

In addressing you to-day, my first duty is to return my cordial thanks to the Dublin Branch of the British Medical Association for the honour which has been conferred upon me by electing me to the presidential chair. I gratefully remember that it was the wish of those to whom the happy thought occurred of establishing the Branch, to elect me the first president. Deeply sensible of the intended honour, and much as I appreciated it, I considered it my duty to decline it, knowing that I hold views on the subject of medical reform divergent from the majority of the members of the parent Association. I have been led to believe that my first impression was mistaken, and I now accept the position, feeling, as I have ever felt, that I am as anxious as the most advanced reformer to promote the best interests of the profession by all means, and to the utmost of my power uphold its dignity.

In the brief address I am about to deliver, I propose taking a short retrospect of events, to us of great importance, which have taken place since my distinguished predecessor, Dr. Kidd, so ably and efficiently performed the duty which now devolves upon me. Some of the events I mean to refer to are of general, some of local interest to our profession.

The event upon which the greatest interest centres is the report of the Royal Commission to inquire into the grants of medical degrees, etc., recently published, and upon which the council of the Branch has placed in your hands a special report. It is needless at this moment to go into the details which the medical profession brought to bear on the difficult and vexed question they had to deal with. Who amongst us is unacquainted with the reputation of Sir William Jenner, of Mr. Simon and Professor Turner? and I am satisfied that I express the unanimous opinion of our meeting when I affirm that no man could have been selected to represent this country on the Royal Commission, who more entirely commands the confidence of his professional brethren, than Dr. Robert McDonnell. A commission so constituted medically, aided as it was by the non-medical members, formed so highly influential a body, that its judgment, if unanimous, was calculated to influence the legislature in framing a Bill in accordance with the recommendations.

A majority, however, dissent from parts of the report, and, be it observed, not on matters of little moment, but upon some of the most important; for example, Professors Huxley and Turner, Mr. Simon, and Mr. Scater-Booth, dissent from the proposal to give universal suffrage; other members dissent from other parts of the report, which are also of great importance.

Some of the plans which have been proposed to meet the alleged defects of the present licensing system are discussed. The introduction of a "Staats-Examen" finds favour with the Bishop of Peterborough, as calculated to attain the desired result with least disturbance to existing interests. This, however, is objected to on the ground of the profession being against adding an examination to those already existing; an objection, however, which falls to the ground in the event of conjoint boards being formed—a scheme which is now being considered by joint committees of the Colleges of Physicians and Surgeons of London, and the sister colleges of Ireland. A State examination should, in my humble opinion, if adopted, be to a great extent a test of practical knowledge, and should follow a degree or diploma from one of the recognised medical authorities. Following the example of Germany, in which the "Ausweis-Zeugniss", or university testimonial, must be presented by the candidate for the "Staats-Prüfung", the passing of which entitles him to practise. The proposal in the memorandum of Professor Turner has much to recommend it, namely, the appointment of assessors who should report to the council such examinations as are not of a scientific, but of proficiency, the council having in such case the power of suspending; a power, I may observe, not possessed by the present General Medical Council. Either the