LECTURES

ON THE

DIAGNOSIS AND SURGICAL TREATMENT
OF ABDOMINAL TUMOURS.*Delivered at the Royal College of Surgeons of England.*

BY

T. SPENCER WELLS, F.R.C.S.,

Professor of Surgery and Pathology in the College; and Consulting Surgeon to the Samaritan Hospital.

LECTURE VI—June 21st, 1878.

Amount of Human Life Saved by Ovariectomy—Antiseptics in Abdominal Surgery.

MR. PRESIDENT AND GENTLEMEN,—In the arrangement of the subjects of the six lectures of which this is the last, I proposed, in the fifth lecture, to give some account of cases where, after the removal of one ovary, disease had appeared on the other side, and led to ovariectomy twice on the same patient. But the time which remains is so short that all I can say now is that, besides the four cases recorded in my book *On Diseases of the Ovaries*, to which I have so often been obliged to refer, I have operated a second time upon seven other patients, all of whom have recovered. In one other case, where the disease recurred on the same side, or rather where there was a regrowth from the pedicle (the first operation having been performed by another surgeon), the patient died. In another patient, the second cyst was not the other ovary, which was healthy, but a cyst which appeared to have formed where some firm adhesions had been separated at the first operation. This patient recovered.

I wished also to say something about ovariectomy performed during pregnancy; but all the time allows me to say now is, that since the nine cases which form the subject of my paper on Ovariectomy during Pregnancy, in the *Transactions of the Obstetrical Society for 1877*, I have had one other successful case, followed by the birth of a healthy child at the full term of pregnancy; making ten cases, with only one death.

Then I was also anxious to say something about what has been called "normal ovariectomy", or Battey's operation. But as I have only once performed this operation, and, in the last twenty years, cannot recollect to have seen more than one other case in which I think there could have been any justification for recommending it, I will pass that operation over without further remark. And I will now recall the attention of those who were present at the last lecture to Lord Selborne's calculation of the amount of human life saved by the performance of ovariectomy in my own practice only. I am not going to say more of this public or non-professional view of the results of the work of one British surgeon, by a great lawyer, whose intellectual power elevated him to the head of his own profession; and I will endeavour to carry on the investigation and ascertain what the gain to human life in the *main* has been from this one operation. Writing in 1872, Peaslee asserted: "It may be shown that, in the United States and Great Britain alone, ovariectomy has, within the last twenty years, directly contributed more than thirty thousand years of active life to women, all of which would have been lost had ovariectomy never been performed." And no calculation is attempted of the lives of the children borne by the women saved. It is difficult to ascertain how many times ovariectomy has been performed since 1872. Gallez, looking over all the cases published till 1873 (excluding the cases of surgeons who had only operated once) collected together 1,540 cases, with 1,010 recoveries, a proportion of 65.5 per cent. Olshausen has put together all the cases in the *Fahrtsberichten of Virchow and Hirsch* between 1867 and 1874, and gives a total of 1,087 operations and 751 recoveries, or 69.1 per cent. He has also obtained special reports of all the operations in Germany up to the beginning of 1877, with a result of 613 cases and 353 recoveries, or 57 per cent. I should weary you if I were to endeavour to give you the results obtained by different operators in different countries, but I hope that some day this information will be obtained and brought before the profession in a trustworthy manner. It is enough for my present purpose to have proved that not only in this country and in America, but in our colonies, and all over Europe, the saving of life by ovariectomy in the last twenty years has been very

great; and I doubt whether such full information as to the number of operations, the proportion of recoveries, and the subsequent state of the patient, could be obtained of any other surgical operation. All the operators of large experience or established reputation have published their fatal cases as well as their successes, and most of them have given details of their cases of incomplete operations, or cases in which diagnosis had been erroneous or imperfect. It is not unlikely that surgeons who have not operated often may occasionally have put in print a successful case, and left a failure unrecorded, and this may, to some extent, affect the accuracy of a general statistical table. But it does not do so more in the case of ovariectomy than in lithotomy or the greater amputations. I doubt very much whether a surgeon, who wished to obtain information as to the results of lithotomy at home and abroad during the last twenty years, could obtain it with anything like the same ease, or to the same extent or reliability, as can be done in the case of ovariectomy. Remembering that the number of cases can now be reckoned by the thousand, that the mortality compares favourably with that of lithotomy in the adult, and that, instead of being an operation confined to a few surgeons and a few small hospitals, it is now frequently performed in all our metropolitan hospitals and in many of our provincial infirmaries, and the extension abroad is as great as I have just mentioned, it would be very difficult for the younger surgeons present to believe that in 1858, only twenty years ago, one solitary operation by Mr. Caesar Hawkins was the only successful case of ovariectomy which had ever occurred in any of our large metropolitan hospitals. The operation had once been successfully performed in Ireland; no successful case had occurred in Scotland since Mr. Lizars's partial success in 1825. The operation was not even alluded to in the standard surgical works of the day for nearly forty years after that date. Before 1860, it was severely condemned in the best works on the diseases of women, and in the most influential medical reviews; and the opposition continued for some years, until the knowledge of the work carried on in the small institution known as the "Samaritan Hospital" led to the general acceptance of ovariectomy by the profession in this country, to its extension abroad, to a wider appreciation of the influence of British surgery, and to the vast saving of human life shown in the calculations of Dr. Peaslee and Lord Selborne.

I have already spoken of many successive changes in the mode of operating, and of many improvements in the different instruments used. I will now ask your attention for a few minutes to some other changes in the after-treatment, besides those which I have described when speaking of alcoholic stimulants. In the earlier days of ovariectomy, when death did not result from shock or hæmorrhage, peritonitis was looked upon as by far the most frequent cause of death. But we very soon learned that the peritonitis was something very different from ordinary peritonitis. It was much more like puerperal peritonitis, and the fever resembled puerperal fever. Then septic peritonitis, or septicæmia, was recognised as the most frequent cause of death after ovariectomy, and our efforts were directed towards the protection of the patient from the causes of this form of peritonitis, and of blood-poisoning; and, if poisoning occurred, to removing the morbid products, assisting their elimination, and counteracting their effects. Then observations led to the conviction that, as the peritonitis which we dreaded was a peculiar form of the disease, very different from simple peritonitis, so the fever was distinctly a septic fever, very different from the simple fever which accompanies most severe injuries and operations. Take a case of simple fracture, or of any subcutaneous operation: some blood is extravasated, some tissues torn or divided, some exudation is taken up by the lymphatics and carried into the blood-stream, and this will be accompanied by some rise in the temperature, which may reach 102, 103, or 104 deg. Fahr. in the evening, falling one or two degrees in the morning. And this degree of fever may last from two or three up to ten or twelve days. But this simple fever need not excite uneasiness. The patients scarcely feel ill, lose very little weight; the tongue is not dry, the skin is moist and probably freely sweating, and the urine may be normal in quantity (even increased), while the bowels may act even more than in health. We frequently see this condition after ovariectomy; although, when the fever is simple, the temperature seldom rises over 100 deg. Septic fever is a much more formidable enemy. The nerve-centres at once show that they are under the influence of poison. The patient feels ill, is indifferent, apathetic, or somnolent, is soon extremely weak and depressed, and all the functions of nutrition and excretion are altered. The tongue and skin are dry. The urine is either scanty or concentrated, with the normal proportion of the chlorides and urea greatly altered, or else abundant and albuminous. The bowels are constipated. Nausea and vomiting are frequent. Whether these symptoms are observed with or without a previous rigor, and whether the temperature reach to 105 deg. or 107 deg., or is kept by some cooling process down to 102 deg. or 100 deg., the case is a very

grave one, and can only be accounted for by some process of blood-poisoning. Some blood left in the cavity of the peritoneum after the separation of adhesions, some ovarian fluid, or some peritoneal fluid mixed with the blood, is decomposed or putrefies, and the absorption of this poisonous mixture is doubtless the cause of septic fever. Why, in some cases, blood may be effused, or ovarian or ascitic fluid absorbed, with nothing more than simple fever of little consequence to the patient accompanying these changes; and, in another case, apparently equally favourable, putrefaction of the effused fluids and deadly septicæmia may occur, was the problem which we had to solve. Drainage was, not very long ago, looked upon as an essential part of the operation, or as a frequent necessity in the after-treatment; and I have already told you what I have done as to drainage. It has certainly been useful sometimes, either by preventing the accumulation of fluids ready to decompose, or by affording a channel for their removal, or for the injection of antiseptic fluids; but, in spite of drainage—some even think, promoted by drainage—septic fever will occasionally arise. I must not go into the question of bacteria and the germ-theory now; the great question is: Can we in any way protect the patient from the causes of decomposition or putrefaction in the effused fluids? The early cases of ovariectomy were done in the presanitary age. The work set on foot by the Health of Towns Commission, and by the labours of the early sanitary reformers—Walker, Chadwick, Southwood Smith—had scarcely begun to tell upon the health of towns; the lessons taught by the registration of births and deaths were only just beginning to affect the professional mind. The supply of water was even worse than it is now. There were a great many more cesspools and fewer drains. Less attention was paid to ventilation, and there was more smoke in the atmosphere. There can be no doubt that, however far short we may fall of what we may reasonably hope to become, still we are far better housed, fed, clothed, and protected from poison than we were twenty years ago. But even now, in the best houses, our patients are daily subject to injurious influences, which are too often overlooked. The drinking-water of the household may be poisoned by the fecal gases of the soil-pipe, or by decomposing refuse in the uncleaned cistern. The air in the house may be poisoned by the entrance of sewer-gas from the street drains, simply from neglect of the obvious precaution of cutting off the communication between the house and the street drain; and there are many houses, in town and country, where, in neither the living nor the sleeping rooms, is there any effectual provision made for the supply of fresh air, or for carrying off the products of the respiration of the inhabitants, or of the combustion of gas or other means of artificial light. The mode of warming is equally bad. There are very few rooms in which an invalid can be kept comfortably warm, without being alternately chilled or heated. But, again, in all these respects, we are better than we were twenty years ago. At any rate, when a case of fever does arise, whether after a surgical operation or at any other time, people do begin to inquire, not only how the patient is to be treated, but why he became ill, and how other people are to be protected from the illness; and so the surgeon, instead of bewailing the spread of pyæmia, erysipelas, or hospital fever, and looking upon epidemics of either one or the other as almost necessary attendants of surgical practice, hardly to be understood or explained, is often able to point to some very obvious and easily removed cause of the occurrence. Who can tell what effect has been produced upon sanitary science by the illness and death of the Prince Consort, and by the late illness of the Prince of Wales from preventable disease? If the cause be not found in the water-supply, the drainage, the ventilation, or the food of the patient, then the question of infection arises. And I need not remind this audience of the many unsuspected means by which infectious or contagious disease may be conveyed to a patient. The question for us is how the patient may be protected. Fourteen years ago, I called the attention of the British Medical Association, at the Cambridge meeting in 1864, to the causes of excessive mortality after surgical operations. I showed that, even where a patient was supplied abundantly with fresh air, with the air unsuspected sources of danger might enter through the wound. I directed special attention to the demonstration by Pasteur of the presence of infective germs or organisms in the atmosphere; to the result of the examination by Dr. Angus Smith of the air of large cities and crowded rooms; and to the researches of Chalmers on the varieties of putrescible organic matter, collected from the walls, sashes of windows, and bed curtains of hospital wards, and in the linen returned from the laundry; and I concluded by an attempt to apply the lessons taught by Polli, who had proved that the development of many low forms of animal and vegetable life was checked or stopped by the use of sulphur and the sulphites. I think the work of Polli and the use of sulphurous acid, and of the alkaline and earthy sulphites, have been too much disregarded since carbolic acid has been brought into general use. Polli showed very clearly that, whether pyæmia and

affections characterised by multiple abscesses followed the introduction of pus into the blood, or symptoms of septicæmia followed putrid infection, or some specific disease followed the inoculation of the specific exudation material; in any or all of these cases, the poison is rendered inactive or neutralised, just as all fermentations of organic matters, or the putrefactive changes in animal tissues or liquids, are stopped by the action of sulphurous acid. This lecture was reprinted last year and published by Messrs. Churchill. It was two years afterwards that carbolic acid began to be used by Lister in Glasgow. In 1869, at Leeds, it was ridiculed by the surgical orator as a professional error; and it was not till after the address of Lister at Plymouth, in 1871, scarcely eight years ago, that the antiseptic system can be said to have spread widely, either at home or abroad. My own position in this matter is very peculiar, and calls for explanation. I find myself mentioned by some writers, partly on the strength of the lecture to which I have just referred, partly from the use of cotton-wool, dry dressing, and Skinner's absorbent deodorising powder of oil of tar and calcined oyster-shells after ovariectomy, and partly from the extreme care which I took in keeping my wards and patients protected against the access of any form of infectious or contagious disease, as one of the earliest exponents and advocates of the antiseptic system in this country. Then, on the other hand, I find (not without regret, though perhaps without any surprise) the opponents of the antiseptic system making use of the results which I have obtained in ovariectomy as some of the strongest facts they can adduce in favour of their argument, that the antiseptic system, if not an entire mistake, is certainly an unnecessary and troublesome complication of surgical practice. "If" (they say) "in one of the most serious operations ever performed upon the human body, where the largest serous cavity is opened and the freest access is afforded to any infective organisms which may be near the patient, Mr. Wells can obtain eighty recoveries out of one hundred operations; and as on two occasions he has had long series of successful cases, one of twenty and two of twenty-seven, without a death to break the run of success;—if in the last two years of his practice at the Samaritan Hospital, in 1876 and 1877, he had only seven deaths out of seventy-one cases, not one in ten; and all this without any of the special precautions supposed to be necessary by the advocates of the antiseptic system, never using the spray nor any carbolic solutions for sponges or instruments, no carbolised sutures, and no protective carbolised gauze for dressing;—if such results as these in such an operation have been obtained, is it possible that the germ-theory can be true or the practice founded upon it necessary? It is troublesome, may it not be injurious? Cases of poisoning by carbolic acid—fatal poisoning—have been recorded; and in many cases where recovery has followed, the patients have been exposed to great suffering and inconvenience."

All these arguments I have heard over and over again, and undoubtedly they have affected my own practice. Several years ago, I began to try the carbolised sponging and drainage after amputation of the breast; and Dr. William Thomson published several cases where, in my practice, after the removal of mammary tumours or of the entire breast, immediate union followed without any suppuration. I did not use the spray in these cases, but sponged the raw surfaces with carbolised water, kept in a drainage-tube for a day or two, and used protective dressing. The results were perfectly satisfactory. At first, I thought the result might be due to the drainage only; but, on trying drainage in one case without any carbolic acid, we had such profuse fetid discharge and so much fever, that I have never since tried drainage after amputation of the breast without antiseptic precautions. But, encouraged as I was by the adoption—the imperfect adoption, if you please—of the antiseptic system in breast cases, I still hesitated about adopting it in ovariectomy. I should have liked to have made a comparative series of experimental operations upon some of the lower animals, under precisely similar comparable conditions, with and without antiseptic precautions. But with such a fanatical popular outcry against vivisection, and with a strong personal objection to operating on living animals, and a still greater reluctance to expose human life to anything in the nature of an experiment, I have rather watched with care the doings of others in this matter than made any attempts at leading the advance. At first, I was not encouraged by what I heard. One old friend of mine, rejoicing in a success of twenty-one cases running under antiseptics without a death, when pressed as to his success before the use of antiseptics, found that he had had twenty-three running, and for some time afterwards wholly or partially discontinued his new practice.

The first case in which I actually saw the carbolic spray used, and the antiseptic dressing strictly carried out, impressed me unfavourably. The cold fog appeared to me to chill and depress the patient, and she afterwards died with symptoms attributable (as I thought) partly to the cold and partly to the carbolic acid poisoning; and the operator,

though an enthusiastic advocate of the antiseptic system in its minutest details, abandoned its use in ovariectomy for several months. It was about this time that I had resolved to operate in a hundred cases with all antiseptic precautions. My friend Dr. Kocher of Berne, who, some years ago, assisted me in many operations here, and has since operated himself very successfully, wrote to me in May 1877, strongly urging me to try the antiseptic treatment. He said he had himself done ovariectomy in eighteen cases: the first five without antiseptics, and three deaths; the last thirteen with the spray and other antiseptic precautions, and only two deaths. Olshausen had urged me to do so on the strength of recent experience in Germany, and I had prepared to begin in October 1876 with the eight hundred and first case, when a purely accidental circumstance interfered, and the success without antiseptics was so great—every case from eight hundred and one to eight hundred and twenty-six being a recovery, two operations performed for the second time on the same patient also recovering—making twenty-seven successful cases without a death, that I felt it would be almost wrong to do anything which might possibly be rather injurious than helpful. Every now and then, a case occurred during this time or last year which looked as if the patient suffered from septic fever, and I felt regret that I had not adopted antiseptic precautions; and, when Mr. Lister first came to London, I sent specially to invite him to superintend the arrangements for carrying out all the details of his method at the Samaritan Hospital at my next ovariectomy. He was prevented from doing this, and I continued my usual practice until the close of 1877, when I ceased to operate at the Samaritan Hospital on being appointed consulting-surgeon. As I have just said, my hospital practice for the last two years had afforded 90 per cent. of recoveries; and, although I had long ago indulged the hope that ovariectomy on a large scale might be performed with a mortality of not more than 10 per cent., I never ventured to expect a much greater success than this, and even now I doubt whether it is likely to be obtained. Still I was anxious to obtain it, if possible, and, after satisfying myself by the experience in Germany of Olshausen, Hegar, Schroeder, Nussbaum, and others, that I need not fear danger to the patient if I used carbolic acid; after watching some of Mr. Thornton's cases in the Samaritan Hospital, and finding that thymol, while free from some of the objections to carbolic acid, appeared to be a trustworthy antiseptic, I determined to begin the year 1878 by antiseptic ovariectomy, and by the alternate use of thymol and carbolic acid. The result has been that, of fourteen cases of completed ovariectomy, only one has died, and that patient died of tetanus after the healing of the wound, almost certainly independent of the influence of carbolic acid. One case of ovariectomy performed for the second time on the same patient also recovered. One case in which an uterine fibroma weighing seventy pounds was removed, also recovered. Another, in which a portion of an uterine fibroid was removed, recovered. So did a patient in whom an exploratory incision only was made, and another where incision only led to emptying the peritoneal cavity of ovarian fluid. In all, nineteen operations, with eighteen recoveries and one death. In three other cases (one where a large cancerous undescended testicle was removed from the abdomen of a man, one where part of an ovarian cyst was removed, and one where an incision was made in the abdominal wall of a moribund patient), death followed. In the two last cases, I do not believe death was hastened by the operations. The patients were so far gone when they were performed as to be in a hopeless condition, antiseptics or no antiseptics; and, from the nature of the disease in the testicle case, if the antiseptic did no good, I think it did no harm.

Supporters of the antiseptic system might very well say that this result is encouraging; that, of twenty-two serious operations, eighteen recovered, and, of the four who died, in two scarcely any reasonable expectation of recovery could have been entertained. Opponents of the system might say: "You have had four deaths out of twenty-two cases; whereas, before you tried antiseptics, you have twice had twenty-seven cases without a death; and we must have more facts before we can arrive at the truth upon this momentous question." We must learn exactly what is necessary and what is useless among the appliances introduced by Lister, and adopted with more or less modification by his followers.

To begin with the spray, I have had very great doubt myself whether it is an essential or useful part of the antiseptic treatment. It is exceedingly troublesome, and I think I have seen the cold or chilling of the abdominal cavity injurious. Mr. Lister, however, assures me that he has had too many proofs of its necessity for me to feel justified in trying the antiseptic system without it. Dr. Keith has told me that his trials before using the spray were much less satisfactory than they have been since. And, as all that we know experimentally of the action of even so weak a solution of carbolic acid as two per

cent. upon morbid poisons bears out the inferences drawn from practical observation, our object must be to get the most perfect form of spray we can, and, while obtaining all the good we can from its use, to protect the patient from any of its injurious effects. If we follow a system at all, it should be followed thoroughly; otherwise we may be met, as I am met by very good friends, with the explanation of any failure by some neglect apparently trivial, but which to them appears important. They claim the successes as proofs of the value of the system; they explain the failures by some alleged neglect of some petty detail. In one case, I thoughtlessly used a clamp which had not been carbolicised, and was warned of probable failure; but the case appears, in spite of my negligence, on the list of successful antiseptic operations, and was one of the cases in which there was no fever after the operation. If there had been any fever, no doubt it would have been explained to the entire satisfaction of many people by the presence of some infective germs on the clamp. Of course, this explanation might possibly be true; and I freely admit that, in an experimental inquiry, no such carelessness should be permitted, especially as it gives rise to the suggestion from zealous or enthusiastic partisans that no one but themselves can be safely trusted to perform an operation antiseptically. "If", they say, "you do not believe in the presence and omnipotence of germs—infective germs—all about the patient and surgeon, nurses, bedding, instruments, sponges, dressings—indeed, always and everywhere—you are sure to leave some loophole unprotected against the entrance of one or more of these dreaded enemies. You must accept the theory, or act as if you did, or your practice will certainly be faulty." My answer to this would be, that I have watched the performance of a good many operations by surgeons who have complete faith in the system, and who believe they carry it out accurately, but I have never yet seen one case where a good many germs might not have escaped the action of the carbolic acid; and I believe that I or any surgeon present who wishes conscientiously to protect his patient from any of the atmospheric or other impurities which may possibly affect her injuriously, whether he uses carbolic acid or any other antiseptic, may, by careful attention, do so as completely and thoroughly as the most accurate experimenter can desire. Feeling all this, and feeling also that undue faith in the system may lead to rash practice and the attempt to do things which had better be left alone, and knowing also how difficult it is to obtain any trustworthy statistical comparative facts to determine the relative success of any operation well performed, with and without antiseptic precautions—all other things being equal—I think what I have said of my own observations, although they only amount to twenty-two cases, may have some little value. I shall certainly continue the trial until I arrive at some conclusion one way or the other; and I think I have already noticed a considerable difference in the progress of cases after operation since I began to use carbolic acid and thymol. There has distinctly been less elevation of temperature in every one of the cases than I have ever, or only exceptionally, seen before. Even when patients recovered well, there was generally a rise of temperature to 101.2 or .3 Fahr., and more or less continued cooling of the head required to prevent a further rise. But, in some of the cases treated antiseptically, recovery has been obtained with scarcely any elevation, 100 to 101 being the extreme. I may say that, in antiseptic ovariectomy, fever is the exception; whereas formerly it was the rule. If this experience should hereafter be confirmed by further observations, it would certainly be a very strong argument in favour of the universal adoption of the antiseptic system in ovariectomy; and the experience in Germany does bear out this view. A few days ago, I received a letter from Dr. Olshausen of Halle, giving me the results of his own practice and those of Esmarch, Hegar, and Schroeder, with and without antiseptics. Without, there were sixty-five cases and thirty-three deaths—more than one-half; while antiseptically, of one hundred and fifty-five cases, there were only thirty-three deaths, or scarcely more than one-fifth. Considering that these are the results obtained by the same operators in the same operation, and that the operators are all convinced that the greater success is mainly due to the use of antiseptics, it would be quite impossible to ignore, and very wrong to undervalue, the importance of such an array of facts. Opponents might, perhaps, explain them away; but we are not here either as opponents or as advocates. All we desire is to arrive at the truth, and to do the best that can possibly be done for every patient entrusted to our care. As far as the inquiry has hitherto extended, the results would encourage us to continue the practice carefully, but without being seduced into the extravagances of some whose faith in carbolic acid knows no bounds. I have been told of one surgeon who hardly ever thinks of washing his sponges. He throws them into a solution of carbolic acid, with complete confidence that whatever poison they may contain will be neutralised or destroyed. I have no objection to a little extra precaution. I am quite ready to put a clean

sponge into carbolised water; but I like to know that it is clean before I put it in. I have more than once said, "This sponge had better be burned", and the reply has been, "Put it in one-to-twenty"; and more than once, noticing an unpleasant odour in the ward, I have suggested more cleanliness and ventilation, and have been met by the answer, "Oh, there is plenty of carbolic acid". Only two days ago, one of the most distinguished of the rising surgeons of the day told me that he had gone straight from a *post mortem* examination to operate for strangulated hernia, quite confident that the spray and washing the hands with carbolised water would make him safe. Another, to whom I was showing the rounded trays in which I place my instruments, so formed that no deposit can rest in the angles, said, "Oh, I do not think that matters. One-to-twenty makes all safe." This undue confidence in antiseptics may lead to danger rather than safety, and so far I see no reason for altering the opinion I publicly expressed at Manchester last year, that "for my part I would rather operate in a clean, quiet, well-warmed, and well-ventilated building, be it large or small, without any antiseptic precautions, than run the risk of trusting to the neutralising or destructive power of chlorine or iodine, sulphur or tar, borax or the permanganates, salicylic or any other acid, in a place tainted by the presence of sewer-gas, or the seeds of some infectious or contagious disease". While ready and anxious to adopt any improvement, neglecting nothing likely to add to the safety of the patients who are confided to our care, we must not be led away by overweening confidence in antiseptics to omit any of those precautions which experience has proved to be necessary, and we must be quite as cautious against the introduction of any contagious disease as we were before endeavouring to ascertain whether antiseptics will give us additional security. In a word, let us regard the antiseptic treatment not as a substitute for those measures which have already proved effectual, but as an additional safeguard. Time and further experience alone can show what the value of this hoped for additional security may be. That it will prove to be of real and very great value I hope and believe. Experience, daily accumulating, encourages the hope and strengthens the belief.

[To be continued.]

AN ADDRESS ON SOME CURRENT MEDICAL TOPICS.

Delivered at the Annual Meeting of the South Eastern Branch.

By HENRY T. LANCHESTER, M.D.,

Surgeon to the Croydon General Hospital; President of the Branch.

It is with great feelings of diffidence that I enter upon the honourable office of President of this large and important Branch. It has devolved upon me, certainly not in the order of seniority, but I believe as a result of my having held the secretaryship of the East Surrey district from its commencement, and in that way having been brought more prominently forward in the business of the Branch than would otherwise have happened. But in whatever way it has been brought about, I feel that a very great honour has been conferred upon me; and I can only ask of you the further favour of your indulgent support in my humble endeavours to properly fulfil the duties of the office to which you have thus been so good as to elect me.

Leaving this personal subject, I pass on to say how much pleasure it affords myself and my friends of the Reception Committee to welcome you to Croydon, and to assure you that we have done and will do our best to give you a pleasant holiday, and to send you away with a favourable impression of our town and its neighbourhood. And here it had been my first idea to act the part of the local historian, and to give you an account of the place you are visiting; but, upon investigation, it appeared that this would be but a twice-told tale to most of you, the history of the town itself having been fully treated by one of my predecessors in office on the occasion of a previous visit here, whilst, on another recent occasion, Dr. Carpenter gave a full account of its sanitary work, and especially with regard to the Irrigation Farm, which he hopes to show to many of you this afternoon, and which, you are doubtless aware, has the credit of being one of the first, as it has been one of the most successful, instances of that now commonly adopted mode of disposing of the sewage of towns.

The report of the condition of the Branch tells a tale of quiet success that calls for little comment. Our numbers continue to increase; but,

whilst I am pleased to note that we have as many as four hundred and twenty-eight members, I would remind you that, large as this contingent is, we ought not to consider it all that could be expected of us with so large a district, and I would urge upon all the duty of constantly bringing fresh members to join us.

The activity of the different district societies continues all that could be desired, and it is very satisfactory to report that the West Surrey, which had been gradually drooping, has burst into renewed life and vigour, and promises to do as much good work as any of its fellows, under the able auspices of the energetic secretary recently appointed, Mr. A. A. Napper. Those of us who had the pleasure of attending a conjoint meeting of the East and West Surrey, at Dorking, in October last, can testify that Mr. Napper and his friend Dr. Galton know their business thoroughly, and well understand the art and mystery of producing interesting meetings. It is a matter of regret to me that I have never had the opportunity of visiting the more distant district meetings, and I only hope that in the ensuing year I may be able to avail myself of some of the invitations to these that are frequently so kindly sent.

During the past year, we have lost several members by death. Amongst these I must specially refer with regret to two who were very generally known through the Branch, viz., Dr. Cunningham of Hailsham and Dr. Westall. The former was a hard-working and able practitioner, a zealous volunteer, and an earnest freemason; ever a regular attendant at our Branch meetings, and one of our vice-presidents for the present year. Of the latter, Dr. Westall, whose funeral two or three weeks ago was attended by many of those now present, I may be permitted to say a few words, as, in addition to the general regard in which he was held by all members of the Branch, it is my duty and privilege to speak of him with personal feeling, as one of his successors in a practice which was carried on by him for nearly thirty years with a success and popularity that it is given to few men to attain to. Of a kind and genial disposition, with considerable tact, with an energy and love of work that knew no limit, he exerted a great and useful influence in Croydon, and was the leading spirit in the formation of a Local Board and the commencement of those sanitary works which became necessary with the rapid increase of the town. He was a warm supporter of the Association, and was once President of this Branch. After his retirement from active practice in Croydon, in 1863, his time was always fully occupied in voluntary work, and he was ever ready to assist any of his friends, and especially his medical friends, to whom he could be of service. For many years a member of the Surrey Benevolent Medical Society, he became its President, and continued, at the earnest request of its members, in that office until his death. He was a member of the Commissioners of the Earlswood Asylum and of the Epsom Medical Benevolent College, and at both institutions did a great amount of useful work. Thus with the power and the will to do good, few men have lived a life of more valuable benevolence. For the last eighteen months, he had been sinking under an organic disease, causing great suffering, and of which he knew the inevitable end. He bore it with a patience which one could little have expected in so active a temperament, and with a courage for which I know not words to express my admiration. He requires no eulogy. All will feel that our loss is a great one.

Turning from the more special subjects of our Branch, I will ask you to bear with me whilst I make some remarks on one or two subjects of general professional interest.

First of all must come the much mooted question of medical reform, the importance of which, at such a time as this when two, if not three, Bills are before the House on the subject, makes it impossible that a little time devoted to its consideration should be thrown away. The two chief points of reform now before the profession are: 1. The direct representation of the profession in the General Medical Council; and 2. The so-called conjoint scheme, or the formation of compulsory boards of examination in each division of the kingdom on the principle of equal fees and uniform examinations. The question has been asked by one eminent member of the profession: What is medical reform?—implying apparently that we are so near perfection that it is impossible to see what further improvements we can require. One answer certainly would very generally be given by all of us; and that is, that we want to see definite improvement of the General Medical Council. If that body are satisfied with the work achieved by them, they will find, at any rate, but a small part of the outside world to agree with them. For twenty years the Council has been in existence; its expenses, we are told, being about £400 for one day's sittings, or £160 day by day during prolonged sessions; and for this large outlay, and throughout this length of time, it is difficult to remember any work of value that they have performed, except the bringing out of a *Pharmacopæia* and an annual *Medical Register*, which is of less value and less generally