AN ADDRESS ON THE BRITISH GYNÆCOLOGICAL SOCIETY: ITS FOUNDATION AND OBJECTS.

Delivered at the First Meeting of the Society.

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GENTLEMEN,—My first duty, privilege, and pleasure in taking this chair, is to thank the Fellows of the British Gynæcological Society for the great honour they have conferred upon me in electing me as their first President. There are always circumstances connected with the foundation of a new scientific society, which, in my judgment, make the selection of its first officers, and, notably, that of the president and secretaries, a matter of much deeper importance, both to the welfare of the society, and to the special branch of knowledge which that society is intended to cultivate, than attaches to the selection of their successors; for, in the older societies, those whose reputation is made, whose usefulness is established, whose position is therefore won, and their existence maintained as much, perhaps, by tradition and past history as by present work and exertion, their corporate life goes on in an almost automatic fashion. To them, therefore, the selection of their officers is a matter of much less moment than it is to a society which has to carve its way in the scientific world, to demonstrate its utility, and even to prove the necessity for its existence. The relative responsibility of the chief officers in the two cases hardly admits of comparison, and it is, in my estimation, a singular privilege and honour, equalled only by its responsibility, to be the first chosen representative of such a society as this, one which has been called into existence for the express purpose of cultivating more thoroughly than can be done without it a special branch of human knowledge, a particular department of medical practice, equal at least in importance to either of the other three departments of medicine, surgery, and obstetrics.

In making these remarks, I am sure I do not overestimate the importance of my office in this Society when I contemplate the work we have to do, the aims we have set before us, and the determination which, I believe, animates us all to make for this Society an honourable and useful position among the other scientific societies. Enthusiasm in our work, devotion to our subject, unselfishness in our purpose, a true scientific spirit, a deep conviction of the utility and even the necessity for such a society—all these combined must be productive of a successful issue. I would also venture to hope, and to feel every confidence in hoping, that, avoiding all petty rivalries, eschewing all unworthy jealousies, and conducting the affairs of the Society with true dignity of purpose, and animated by kindly consideration for the opinions of those who differ from us, we may win for this Society, if I may so say, a social status, both in the profession and out of it, which shall command respect for its opinion, and admiration of its work. I cannot doubt that the proud position which I occupy to-night, as your first President, is due quite as much, perhaps more, to your too kind appreciation of my efforts to advance the study and practice of our department of medicine as to any special fitness of mine to preside over a society which, I confidently believe, is destined very speedily to take a foremost rank among the scientific societies of this country. I hope I need not assure you that nothing shall be wanting on my part, so far as my time, opportunities, and abilities extend, to earn the confidence you have reposed in me, to win for our Society the respect and esteem of the profession at large, and, above all, to do that for which, in the terms of our first law, "the British Gynæcological Society is founded," namely, "to promote the science and art of gynæcology in the British Empire"—a noble purpose truly, when we consider all that that object implies. I must add that I feel the more confident of success in my efforts to promote the objects of this Society when I remember that I have the invaluable assistance of two secretaries who are indefatigable in their work, and whose zeal is well tempered with wisdom and discretion. Already the Society owes much of its success to their exertions. Dr. Heywood Smith was one of the first to found the Society; indeed, it was he who first spoke to me on the subject, while Dr. Fancourt Barnes has,

to my knowledge, worked day and night since its first institution, and he may well be proud of the result.

I suppose that one of the first duties incumbent on a new scientific society is to show the *raison d'être* of its existence. Why are we here to-night? What grounds have we for desiring to establish this Society? What need is there for its foundation? In a word, why do we as a society exist? My answer is a very simple and straightforward one. We hold that the science and art, the study and practice of gynæcology, are yearly growing in importance and interest, and that there is no society at present existing outside our own which fully satisfies our wants, or comes up to our just expectations and requirements. Some of us have felt the need of such a society as this for many years past, till at last the conviction in our minds has developed into action, and the result thus far has exceeded our most sanguine expectations, for already our roll of original founders numbers no less than 266, thus demonstrating in the surest and most practical manner that this Society fills a want which the profession at large, and especially our brethren in general practice, have long been conscious of. No doubt it may be urged, by some who are ignorant on the subject, that the sister Society of Obstetrics already occupies the ground which this is intended to cover, but it is no detractor from the usefulness of that society to say that, if it seeks to represent exclusively not only all that relates to obstetrics, but also all the diseases of women and children, it simply aims at the impossible, and those of its members who have at heart the true interests of gynæcology should welcome the foundation of this Society, and do their best to promote its objects. The mass of material on the subject of gynæcology which exists even in this great city alone, to say nothing of the rest of Great Britain and Ireland, is more than can be grappled with and utilised by any society, which includes also in its aims the advancement of the great subject of obstetrics. In proof of this statement, the following facts are surely sufficient. There are, in the course of the year, ten meetings of that society of two hours each, giving a total of just twenty hours. Of these, at least two hours are consumed in the presidential address, the reading of the minutes, and other formal matters of business, leaving a residue of only eighteen hours in the whole year which are to be devoted to the three subjects of gynæcology, obstetrics, and the diseases of children. Assuming that each subject has its fair share of attention, we get just six hours *per annum* devoted to the study and practice of gynæcology. No wonder, then, that for many years past we gynæcologists have felt the need of another society, and we may well congratulate ourselves that now we shall have no less than eighteen meetings a year, of one and a half hours each, giving us, in all, twenty-seven hours for the discussion of subjects exclusively gynæcological. I do not wish for one moment to disparage the great work which the Obstetrical Society has done and is doing, but the quarter of a century which has elapsed since that Society was founded has seen marvellous changes, and wonderful development in the science and art of gynæcology, and I maintain it is impossible now for such a society as the Obstetrical adequately to represent the increasing importance of this subject, or to devote to its study that time, care, and attention which we gynæcologists think it deserves. We have, in fact, outgrown that Society, and having arrived at years of discretion, we have decided at length to cut adrift from our pupillage, and to endeavour to stand alone. At the same time, we recognise no necessary antagonism to the sister science and society of obstetrics; on the contrary, we desire to be co-workers in one great field of medical practice, believing, as we do, that there is ample room for both, but convinced also that the growing importance of our branch of medical science imperatively demands that it should have a society of its own.

As one of the original Fellows of the Obstetrical Society, I can well remember its foundation, and I know that those who started it had chiefly in view the study and improvement of obstetrics; this, indeed, is abundantly evident in the opening address of the first president, Dr. Rigby, who, both in that and the subsequent address which he delivered in his second year of office, never once alluded to the subject of gynæcology, but devoted his attention entirely to that of midwifery; indeed, his mind on the subject is clearly shown by the statement which he made, namely, that "the great object, and that which will form the great strength and importance of this (the Obstetrical) Society, is the collection of valuable facts on questions of obstetrics;" and Dr. Tyler Smith, the second president, expressed the same opinion when he said, "the chief business of an obstetrical society should be to diminish the mortality of childbirth." No one who reads those addresses would imagine for a moment that the Obstetrical Society of that day had anything to do with the diseases of women. I am quite aware that the Society endeavours to, and does successfully, cultivate the study of gynæcology; but, with the best intentions in the world, it cannot

be true to the spirit of its founders, and, with the time at its disposal, devote sufficient attention to the many important topics connected with this department of practice.

And here I would mention another very noteworthy fact, as collateral evidence of the necessity for such a society as this, and of the wisdom and foresight of those who are its founders. Quite recently, the managers of the International Medical Congress, which is to be held at Washington in 1887, have decided to sever the connection between gynecology and obstetrics, and have made of each a separate section; thus publicly expressing their opinion, in which, I need hardly say, we entirely concur, that each subject is of sufficient importance to be treated separately, and to have a section to itself. I cannot help thinking that this example is not unlikely to be followed by other medical associations.

So far, then, as the subject-matter is concerned, its importance and its merits fully justify the steps we have taken; and, though it is sometimes said that we ought never to prophesy unless we know, I will on this occasion venture to prophesy, and with absolute confidence in its fulfilment, that, if the affairs of this Society are wisely, judiciously, and impartially administered, if no favouritism is shown to individuals in the selection of men to fill important offices, except the favouritism which is rightly due to honest work well done, to faithful services rendered to the Society, and, above all, to undoubted ability in those selected for their respective offices—if these are the motives which are to guide the managers of this association, and if the rank and file of the Society will lend their helping hand and contribute their quota of work to the common store, then there can be no question that our future will be a brilliantly prosperous and successful one, and the good work which the Society is founded to carry on will redound to the credit of each individual member, and be of incalculable benefit to the whole human family. This, gentlemen, and nothing less than this, will justify our existence; and this, I am satisfied, we all intend our Society to be and to do. And, when we look at the vast store of materials which this country possesses, and especially this great city, with its many special hospitals, and its special departments in the general hospitals for the treatment of the diseases peculiar to women; when we consider the ability, zeal, and earnestness, not to say enthusiasm, of the workers in this department of practice, and the honest efforts and intentions of those who founded this Society, I cannot have the slightest doubt that, in a very few years, this association will take the very foremost rank among the gynecological societies of the world. Only ignorance of the subject, or motives of a not very creditable order, can question the propriety of its foundation; and to those who urge that there is no room and no necessity for two societies having similar aims in view, I can only reply that we, at all events, have no doubts and no misgivings as to our position in the matter, nor have we any doubt as to the need for an obstetrical society also; but, while we admit this, we claim for the British Gynecological Society a scientific position certainly not inferior to the sister society of obstetrics.

Admitting, then, the need for such a society as this, and fully appreciating the work which it is called upon to do, let me for a few moments glance at some of its special features as they are portrayed in the laws which you have passed to-night. First, let me point out that the Society is incorporated under the Companies Act of 1862, as amended by the Act of 1867, section 23. There are obvious advantages in this incorporation which it is unnecessary for me to allude to.

Next, I would remark that, by our laws, "all duly qualified medical practitioners shall be eligible for election as Fellows of the Society." Thus it will be seen that the constitution of the Society is upon the broadest possible basis; and that, as the profession has accepted women into its ranks, so this Society, by its laws, does not exclude them. At the same time, of course, it must be remembered that any applicants for admission into the fellowship of the Society must run the gauntlet of the ballot-box, whatever their sex may be, for the ballot is always supposed to be, and is, the leveller of all distinctions, not excluding sex.

Another feature, and one which I feel sure will prove very attractive and useful to our Fellows, especially to those living some distance from London, and who are thereby prevented attending societies, is the intended quarterly publication of a *Journal of Gynecology*, containing not only an account of the transactions of the Society, but also a report of the progress of gynecology at home and abroad. Such a journal, appearing at short intervals—for we hope in time that it may be published bi-monthly—will be of great use and much practical interest, not only to those of our own Fellows who are unable to attend our meetings, but also, I venture to think, to the great mass of our brethren in general practice throughout the British Empire. It will

also be of much greater value to those who read original papers, or exhibit specimens of unusual interest at our meetings, that their contributions should be published earlier than would be the case if they appeared in a yearly volume of transactions. It has always seemed to me a great drawback to original workers who read papers at our societies that their contributions, if published in full in the society's transactions, may have to wait many months before publication, and can only appear in abstract in the medical journals; or if, for the sake of early publication, they appear in full in the latter, then they are but briefly mentioned in the transactions of the society, which thus becomes shorn of much of its value and interest. All this our quarterly journal will obviate, and I feel confident, therefore, it will not only be a commercial success so far as the funds of the Society are concerned, but will be far more interesting and attractive to our own Fellows.

There is yet one other novelty provided by our laws, which, I believe, will prove very attractive, and may become of much value and importance. I allude to that law which allows that "the Council shall have power to arrange for meetings of the Society in the large towns of Great Britain and Ireland on such occasions as they may think fit." This provision will not, of course, affect the ordinary fortnightly meetings, but is intended rather to supplement them by meetings held in any part of the United Kingdom, wherever it may appear that a successful gathering is likely to result. Speaking for myself, and I doubt not I might add other officers and Fellows of the Society, I should look forward with much interest and pleasure to such occasional meetings in some of the large towns of the kingdom, where gynecology is both taught and practised in the most advanced way. Take, for instance, the town of Birmingham, where our friends, Dr. Savage and Mr. Lawson Tait, would, I am sure, be able to give us infinite pleasure and instruction by their pen, their scalpel, and a visit to their wards; other Fellows, I have no doubt, could arrange meetings of great scientific interest and value.

Lastly, it is intended that special opportunity shall be afforded for a full and free discussion of the various exhibits brought forward at our meetings. I am sure this is a matter of the first importance. It has often struck me as very regrettable that specimens in connection with which most important questions of diagnosis, pathology, and treatment are associated, and upon which most valuable discussions might be held, are quietly disposed of with only a few cursory observations, and probably no critical discussion at all, merely in order that "the paper of the evening," as it is called, may be brought forward; not unfrequently, too, these papers, while they show much learning, much book-lore, and much of that sort of experience which is derived rather from the bookshelf than the bedside, are sometimes singularly wanting in practical value, and do not help us at all in actual clinical experience.

These are the kinds of papers which I hope the Gynecological Society will not be anxious to obtain, and for which I trust we shall never be willing that the discussion on valuable specimens and cases shall be curtailed. I earnestly hope—indeed, I feel confident—that the Fellows of this Society will strive continually, by the sound practical character of their work here, to advance our art, as well as to elevate and perfect our science. We ought to endeavour, as far as we can—those of us, at least, who have special knowledge derived from special and exceptional experience and opportunities—to make this Society do a great and real educational work. Even the most experienced among us may learn much at our meetings, for we are all, even the oldest, students in a very true sense. How much more, then, may those of our Fellows who are busily engaged in general practice profit by attendance here, listening to the tale of carefully recorded cases and the calm sober judgment and criticism of men whose lives are spent in the special study and experience of this department of practice. On the other hand, I would earnestly invite those gentlemen who are engaged in general practice to favour us with some of their experiences, to tell us of their difficulties and doubts, and, if they ever make mistakes or meet with failures, as I am quite sure we often do, to give us the benefit of such experience, in return for anything they may learn from us. In short, if this Society fulfils its proper mission, it may, and in my opinion it ought to, become a great educational institution; and remember, gentlemen, that there is quite as much—indeed, perhaps more—to be learnt by the record of failures and mistakes as by the dry and rather wearisome details of uninterrupted successes. I can quite understand that, to those of us who do occasionally have failures, and who do sometimes make mistakes, the record of never-ending success in others is apt to induce a rather irritating and pugnacious spirit. I trust, therefore, we may be occasionally cheered and comforted by a story of failure and a confession of error. I know that it requires a little courage to stand up in such

a Society as this and make a public confession of this sort, but common honesty requires the sacrifice, and depend upon it those who make it have their reward in the satisfaction of knowing that they have done something to prevent the repetition of such error or failure in others; besides, it is not improbable that courage of the kind I refer to may prove to be somewhat contagious. Let me give you an illustration from my own experience, and perhaps my example in this instance may have an attractive following hereafter; for I think you will agree with me in the opinion that, if none but successes are ever recorded here, we may ourselves become rather weary and satiated with that commodity, and our Society will be in danger of the charge that it is unreal and untrue.

My story is this. Many years ago, I was amputating, with the single wire *écraseur*, a cervix uteri for hypertrophic elongation. No anæsthetic was administered, as experience had taught me that the operation was not a very painful one. I was, however, struck by the fact that the patient suffered a great deal of pain, which I thought was rather due to her cowardice than to any fault of mine. It is, I suppose, human nature to imagine that, if anything seems to go wrong, it is no fault of ours. The first day or two after the operation, there were more than the usual symptoms of irritative and inflammatory fever, suggestive, indeed, of peritonitis; and, on the second day, there was incontinence of urine. On the third day, an examination was made to discover the cause, when a condition was revealed which led me to examine the specimen of amputated cervix, which I had ordered to be preserved as a good illustration of the disease for which the operation was performed. I then discovered that the specimen also illustrated something else, for on one side of the cut surface there was a portion of the unfortunate patient's bladder, about the size of a shilling; and, on the other side of the same surface, a piece of peritoneum from Douglas's pouch, of about the same dimensions. Hence was explained at once the incontinence of urine, and the inflammatory fever of the first few days following the operation. I had afterwards the satisfaction of successfully performing on this patient an operation for the cure of vesico-vaginal fistula. She was discharged perfectly well and happy, leaving me a sadder but a wiser man. The end of my story is that I detailed the case, and showed the specimen, at the Obstetrical Society, thus illustrating what, I hope, may sometimes happen here, the record of a failure and a mistake. On that occasion, I had the satisfaction of hearing the late Dr. Marion Sims and other equally competent operators affirm that my experience was by no means unique, for the same thing had occurred to them, only they had not previously the courage to declare it. I need hardly say that, since that time, I have been much more careful to see that neither the bladder nor the peritoneum are in the way of my *écraseur*, and many times I have been obliged to decline operation in these cases because I found it could not be done without this accident occurring.

And here I am reminded of another topic upon which I wish to make a few remarks, namely, the claim of the gynecologist to the surgical treatment of all cases of disease, malformation, or other abnormal condition of those organs with which he has specially to deal. Of course, those practitioners who do not choose to operate in the cases to which I have referred are not compelled to do so by any consideration, moral, ethical, or utilitarian; some of them, perhaps, would not be very successful if they did. But their refusal cannot for an instant affect the rights of those who take an opposite view of their duty, and who honestly and conscientiously fail to recognise either the logic of the position taken up by the former, or the right of those who, practising pure surgery, as they choose to call it, refuse to the gynecologist the right to operate upon the uterus in one case, while they concede the right in another. It seems to me utterly absurd and illogical to expect the obstetric teacher to lecture upon the Cæsarean section, for instance, and to describe minutely all the steps and details of the operation, and yet refuse to allow him to operate. I am not aware that at present this operation is described in any text-book on surgery, whereas it certainly is described in all works on practical or operative midwifery. The same remark, I believe, applies to such operations as ovariectomy, the removal of uterine fibroids, and the extirpation of the uterus; no work on general surgery with which I am acquainted gives any description of these operations, while every work on gynecology which aims at completeness does. Surely, then, it is for the gynecologist, and not for the surgeon, to treat such cases. Again, how absurd it seems to permit the obstetrician to operate upon cicatrices of the vagina where they obstruct the progress of delivery in childbirth, and yet not allow him to close up an opening into the vagina from either the bladder or rectum. Surely, if it be legitimate to do the one, it cannot be wrong to do the other; certainly not as a matter of principle, still less on any logical pretext. Conventional rules may, of course, be framed

on hard and fast lines, but they cannot command the assent of reasonable men unless they are framed on a reasonable basis; and to say that I may restore a ruptured perineum if there be a resultant prolapsus uteri, but that I may not do the same operation if the sphincter ani is torn, and fæces incontinently prolapse, is certainly neither reasonable nor right, and as such must be rejected. The truth is, that the whole spirit of the times is against these restrictions, and the generation of gynecologists who are coming to the front will not tolerate such limitations of their just rights; they know that their moral position is a strong one, and that there are sound scientific reasons for the claim which they advance to have full right to treat all the diseases and abnormal conditions of the female generative organs, no matter whether the scalpel or the pen is the instrument required. Such is the position which this Society will, I am sure, maintain and enforce on the question at issue, and I cannot doubt that in time the profession will recognise the wisdom and justice of the claim, even if they do not admit it now.

These, then, are some of the reasons which seem to me not only to justify, but to require, the foundation of this Society; and I sincerely hope that, in our work and conduct here, we shall keep these aims steadily in view. I would venture also very earnestly to impress upon all those, especially our younger Fellows, who intend to take a prominent part in the practical and scientific work of the Society, to strive to make their work such as shall be permanent, redounding not only to their own credit, but, what is of far higher importance, work which, while adding to the total sum of human knowledge (and only permanent work can do that), shall, at the same time, diminish the amount of human suffering, and even add to the duration of human life. And surely we need not go far to seek for materials upon which labour may be well expended. Questions of the deepest importance seem to crowd upon the mind when we begin to think of the work there is to do; and though gynecologists may well be proud when they contemplate the triumphs which their art and science have won during the past quarter of a century—triumphs far exceeding those which any previous century has produced—yet I feel confident that a still more brilliant future is before us, and that further triumphs have yet to be won in the department of gynecological surgery. Certain it is that operations are performed now which, only a generation ago, were never dreamed of, and which, when first suggested, were denounced as not only unscientific, but even immoral; yet these are now performed with an amount of success which contrasts favourably with any other capital operation. I venture to assert that greater advances have been made in this department of surgical practice than can be claimed by what is called "pure surgery" within the same period; and I believe that the "pure surgeon," as he is sometimes rather strangely called, has learned much from the operating gynecologist, however unwilling he may be to recognise or acknowledge it. Nor, I think, can it be doubted that the gynecologist who performs all the operations which properly belong to his department, has added vastly more to our stock of knowledge, and done far more for the good of mankind, than he who either cannot or will not perform them. I may also, I believe, go further, and say that, as a matter of fact, whatever the explanation may be, the operating gynecologist is far more successful with his operations than when they are performed by the general or pure surgeon; and as regards the performance of such operations as ovariectomy, or for other abdominal tumours, I question whether it is wise that these should be attempted in the wards of a general hospital, as is, I know, sometimes done. Our gynecological triumphs were certainly not won under such circumstances, and I am quite sure we could not maintain them in the like conditions.

I lately read, with much interest, the inaugural address of the President of the Clinical Society, Mr. Thomas Bryant, and was struck by his earnest appeal to his medical brethren, the physicians, to aid the surgeons in the matter of diagnosis, especially in cases within the domain of abdominal surgery. Such an appeal seems to me yet further to strengthen the claim for which I am contending, for if the gynecological physician possesses in an especial manner, as the result of his special experience, the faculty of diagnosis in abdominal cases, as I fully believe he does, surely, if he be an operator at all, he ought to be allowed to operate in cases of this sort. By so doing, he will not only quicken his diagnostic skill, but his operations will probably be more successful, as his knowledge of the diseases of the parts operated on is more precise and intimate.

Of late years physiology has been more prominently associated with some of our surgical work. The operation of ovariectomy in cases of uterine fibromata, is proof of this proposition, for is it not true that the justification for this operation in the cases referred to is based entirely on the physiology of the subject? If the function of the ovaries be

not the chief factor in the growth and development of those tumours, then I do not see on what ground the operation for their removal is founded. And here I am reminded of a physiological question which surely ought to be settled by such a society as this, namely, the influence of the ovaries and the effect of ovulation in the production of menstruation. It is no doubt well known to you that one of our most distinguished Fellows, and certainly one of our most brilliant operators, Mr. Lawson Tait, denies that the ovaries have anything to do with the function of menstruation, at least, in originating that act. There must be plenty of evidence now to determine this question; and a small working committee to collect and sift this evidence, and present it to us for discussion and criticism, would, I think, be doing a very useful work, and one peculiarly appropriate to the objects of this Society.

Another question which we ought to be able, with our vast opportunities for observation, finally to determine is the value of the so-called antiseptic mode of operating, and more particularly the use of the carbolic spray in abdominal surgery. I mention this specially because I suppose there are no operations equal to that of opening the abdomen in which the alleged value of the spray could be more thoroughly tested and appreciated. I believe there is no other society in existence which can bring to bear upon this question such a vast array of surgical experience. We have already in our ranks some of the most practised operators in abdominal surgery, and our combined experience would surely be sufficient to determine such a question as this, for I suppose that the clinical experience of this Society, estimated by the total number of beds in our special and general hospitals which are held by the Fellows of this Society, far outweighs that of any other society. It is this fact, I take it, which will give such weight to our discussions on disputed gynaecological topics, and which must necessarily command attention and respect. All this, however, only makes it the more important that the opinions we express and the judgment we form should be most carefully thought over, and be the result of calm unprejudiced observation at the bedside; if otherwise, then our discussions will be only misleading, and our experience nothing less than a delusion and a snare. On this topic of antiseptics, so far as the carbolic spray is concerned, I must confess that my own experience is decidedly adverse. I have tried and tested it most carefully, and so unbiassed was I when I began this practice, that for a time I was strongly and favourably impressed with it. I thought that many of the cases of ovariectomy and other abdominal sections which I performed, some of them of a particularly severe and dangerous kind, and many of them performed in a general hospital, though under the most favourable conditions, owed their success chiefly to the spray; but at length, feeling the inconvenience of operating in a fog, especially in London in dark November days with a still worse fog outside, I abandoned the practice, and found that my success was quite as great without as with the carbolic spray. Accordingly, I have now quite given up this mode of procedure, not only in private but also in hospital work, where, if anywhere, it might be thought that it was most urgently called for, and would show the most satisfactory results. I am bound, however, to say that I do not think the carbolic spray exercises the smallest beneficial influence, while I am painfully aware of its great practical inconvenience.

Speaking of ovariectomy, I am reminded of another question of much importance about which I think we have now sufficient experience to enable us to give a clear and decided opinion; namely, as to the best mode of treating the pedicle. I have been an ovariectomist long enough to have seen all methods adopted, including clamp, cautery, and ligature of all sorts. I have tried them all myself, and I speak with the experience of nearly five hundred cases when I say that I am a strong opponent of the clamp, and a very lukewarm supporter of the cautery, for the simple reason that I have lost cases from subsequent hæmorrhage from the stump, and that I have had to tie bleeding vessels after its use; whereas with the ligature no such accident has occurred, and I cannot remember any case in which evil has resulted, directly or indirectly, from its employment.

I have already incidentally alluded to the operation of ovariectomy in the treatment of fibroid tumours of the uterus. This is a subject which is at present quite in its infancy, and no doubt the Society will watch over its growth and development with keen interest and pride; for I cannot but think that a great future is opened up by this operation, which is of far-reaching significance and importance. We must, however, obtain accurate information of the physiology of those organs before we can fully determine their pathological tendencies, or gauge the full measure of the therapeutical value of their removal; for it is probably not only in the surgical treatment of uterine fibroids that ovariectomy is destined to play an important part, nor is it

merely for organic diseases of the uterus that removal of the ovaries may be required. Are there not some affections of the nervous system in women which we can trace distinctly to morbid ovarian action, and which, hitherto, medicines have entirely failed to cure—cases of a peculiarly distressing kind, which render life almost unbearable, and in which this operation seems to hold out a reasonable hope of success? Here, again, I think our Society offers the best field for determining this question, and we may look at no distant date for a record of success in this direction. Besides this, experience is, no doubt, daily accumulating as to the value of ovariectomy in the treatment of uterine fibroids. One such case is at present under my care, in which the results, so far, are most satisfactory; and I have had three others in which success was complete and undoubted, the tumours almost entirely disappearing, and their distressing symptoms subsiding within a short time after removal of the ovaries; in two of them, menstruation ceased immediately after the operation, and in one it only recurred twice.

In close connection with this subject, reference should also be made to the wonderful success achieved by Mr. Lawson Tait in the operation with which he has made us familiar, namely, the removal of the Fallopian tubes. I feel sure that, when the diagnosis of the cases in which this operation seems called for is made a little clearer by further experience, we shall have placed in our hands a method of treatment which is singularly successful, and which marks one of the greatest advances of modern times in gynaecological surgery.

It is, perhaps, too much to hope or expect that this or any other society will be able for many a long year to settle the disputed questions connected with the so-called mechanical system of uterine pathology. I refer more especially to the legitimate, scientific, and therefore successful, employment of pessaries, or other mechanical treatment for the various forms of uterine displacement. And yet I cannot help thinking that, if we could approach this subject in a purely scientific spirit, with minds absolutely free from any intentional bias, viewing it as a question to be determined only by clinical observation, with a minute appreciation of facts, and a thorough knowledge of physiological and pathological processes, surely there could not be much difficulty in determining where the truth really is; and so putting the whole matter on a sound scientific basis, with the certainty of success, and with a freedom from that opprobrium which, I fear, attaches to the question at the present time. It can neither be to the advantage nor to the credit or dignity of our branch of medical practice that this question should remain as it is, for both the public and the profession alike have the impression that mechanical treatment, and especially the employment of pessaries, is far too frequently resorted to in cases of uterine displacement, and sometimes even where no displacement exists. It behoves us all, therefore, to try and remove this impression, which I believe is, for the most part, unfounded, by exact scientific methods, by careful clinical observation, and by the application of sound principles of pathology.

Turning now from the surgical, or mechanical, aspect of our department, many questions present themselves for consideration from the purely medical side, and I would fain hope that the experience of the Fellows of this Society will be so recorded that our medicinal treatment of some of the diseases of women will be put upon a much more exact, more certain, and more successful basis than exists at the present time. We know already that some drugs have a specific action upon the uterus, others again upon the ovaries. But the list of these known drugs is far too small, and it ought, I think, to be considerably increased. We have many drugs that act specifically upon the liver, the bowels, the kidneys, the skin, the salivary glands, the heart, the spinal cord, etc. Why should we not have an equally numerous list from which to select when we come to treat the uterus or the ovaries? At present, it must be confessed, we are lamentably weak in this respect, but surely the work of this Society is not to be merely a record of surgical experience; we want especially to enrich our therapeutical knowledge, and this can only be done by careful clinical observation, by accurately recorded symptoms, both of the disease itself and of its modification by treatment, so that, if possible, we may deduce therefrom some broad generalisations.

I hope, in the coming year, we shall have many accurate histories of exact therapeutical observations, so that our first year of existence may add distinctly to the treasury of useful knowledge from which our professional brethren may draw for the benefit of those who may come under their care.

There are a few drugs, certainly, which we may regard almost in the light of specifics in certain diseased conditions of the female generative organs; at all events, their physiological, and therefore therapeutical, action is perfectly well known and understood. I have already alluded to the physiological action of ergot; and my experi-

ence leads me to regard quinine and nux vomica as possessing similar powers. If, as I believe, we may regard the physiological action of any drug as determining its therapeutical value and property, what we want are exact physiological experiments tested by clinical observations. There can, I suppose, be no doubt that ergot acts directly upon the involuntary unstriated muscular fibre wherever it is met with; that its action, therefore, is by no means limited to the uterus, and that it has a very distinct effect upon the muscular coats of arteries and capillaries; hence, in poisonous doses, it causes such contraction of these vessels that the blood is driven into the veins, which accordingly become distended, and the patient assumes quite a livid hue. This phenomenon I have observed again and again, and the explanation must, I think, be that which I have just given. Here, then, we have a fact which might be turned to therapeutical account.

As an example of a pelvic anodyne, with special reference to the ovaries, I know of none that can compare with conium, or, better still, with the alkaloid conia, used in the form of vaginal pessary. In all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain, conia is, to my mind, quite a specific. No drug that I know of acts with equal certainty and success. Lastly, I suppose we are all agreed that bromide of potassium exercises most powerful influence upon the ovaries. No drug, in my experience, can equal it in controlling ovarian mucorrhagia; it not only limits the flow in these particular cases, but it seems, also, to exercise a distinct and controlling influence upon ovulation itself; hence, if Mr. Lawson Tait will allow me to say so, its value in checking ovarian mucorrhagia, so far as regards its too frequent periodicity, for it certainly increases the length of the menstrual interval; in other words, it controls too frequent menstruation, or, as I should say, too frequent ovulation. Now, we want more of such remedies as those I have mentioned, remedies which we can prescribe with almost absolute knowledge of their therapeutical value and effect, and we may look to the experience of the Fellows of this Society to supply many more examples of this kind. It will be by papers on such subjects, giving us exact experiments and observations, more probably than by the record of our surgical experiences, that this Society will fulfil what I hope may be regarded as one, if not the chief, of its functions, namely, to educate the mass of our professional brethren in the therapeutical branch of their calling in these particular cases. Nothing, I think, could more fitly demonstrate its utility than the record of such experience, and such work as this would, I am sure, earn and receive the gratitude both of the profession and the public.

Gentlemen, I trust you will forgive me for having detained you so long. I have endeavoured as briefly as I could, and I know very imperfectly, to give a slight sketch of the work and office of this Society, as the subject presents itself to my mind. No one, I think, will venture to deny that, with such objects in view, the founding of this Society, if it be true to its mission, is a great and useful work. I earnestly hope that in all our discussions we shall ever keep in view this primary purpose, and that we shall meet here with the ever-present consciousness that our work is not only scientific, but noble and grand, as all truly scientific work is, and must be, from the very nature of the case. I trust that the brilliancy of our discussions will never be tarnished by personalities, and that we shall ever bear in mind that criticism in matters of opinion, be it ever so sharp and incisive, is not a matter which need or should give any personal offence. He who feels offended at such criticism is thinking more of himself than his work; be it ours to think more of our work than ourselves, so that when we shall have passed away our work may still live on, and do good suit and service in the cause of suffering humanity, for then, assuredly, we shall not have lived and worked in vain.

THE UNFOUNDED ACCUSATION AGAINST A MEDICAL MAN.—In our issue of the 7th instant, we drew attention, under the above heading, to the case of *Parker v. Whiteford*, tried in the Court of Queen's Bench, before Mr. Justice A. L. Smith and a common jury. To the opinion then expressed we refer our readers. We now learn that, so far from Mr. Whiteford being exonerated from pecuniary liabilities, he has had to pay, not only the award of £10 damages, but his own and the costs of the plaintiff's solicitors, which have been reduced by the taxing master from £102 15s. 4d. to £71 17s. 10d. It appears to us that no other course was open to this gentleman but to defend his reputation from the aspersion on his character which the plaintiff and her adviser sought to cast on him; and, from the correspondence put before us as to the plaintiff's mental condition, and her immediate surroundings, we feel that Mr. Whiteford merits, at the hands of the profession, their sincere sympathy, especially after the expression of opinion of the jury, concurred in, as it was, by the judge.

REMARKS

ON

THE ETIOLOGY OF ASIATIC CHOLERA:

A Paper read before the Royal Medical and Chirurgical Society, in reference to some points stated in the President's Address.

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MR. PRESIDENT AND GENTLEMEN,—In this most interesting address, to which we have just now been listening, there are two passages, referring to the etiology of cholera, about which I will take the liberty of making a few remarks. 1. The first is: "Cholera is believed to result from the action of a specific contagium or morbid infecting agency, which may enter the system, either with the air through the lungs, or with food, water, or other liquids through the alimentary canal;" and 2, "The intestinal discharges are the means by which the disease is conveyed from the sick to the healthy. In this respect, there is a close resemblance between cholera and enteric fever."

1. Cholera, when it appears and spreads in Europe, is the result of importation from an infected locality. For this there is such overwhelming evidence, that it is not necessary to enter into the details of the history of the epidemics that visited the European countries. Now, what is it that is imported, or, with other words, what is the infective agency? That cholera has been imported by linen and clothes coming from an infected locality, of this there are several well established examples; but, amongst these, there are some, like the one mentioned by Professor Hirsch (*Conferenz zur Erörterung der Cholerafrage, Berlin. Klin. Woch.*, No. 31, 1884)—when articles (linen, clothes, sweets) brought from an infected country (St. Louis, U.S.A.) have become the source of infection in Mühlhausen (Thuringia), in 1873—in which the articles had not been soiled by cholera-patients. And, similarly, there are cases known where infection was carried from one locality into another by persons themselves not sick with cholera. From this it follows that the infective agency is not necessarily associated with choleraic dejecta, but that, independently of these, it may pass from an infected locality into a new one.

The infective agent must be a living entity, since it is possessed of the power of self-multiplication. After the infective agent is introduced into a locality, cholera-cases may occur within short intervals of time in distant centres, and from here spread to wider areas; hence the conclusion is inevitable, that that agent has, since its introduction, undergone self-multiplication, has spread into those distant centres, and here has produced infection. Since no chemical substance is capable of fulfilling this condition of self-multiplication, it follows that the infective agent must be a living entity.

Two alternatives present themselves:—*a*, the infective agent and actual virus are identical; and *b*, the infective agent is not the virus itself, but is the producer of the virus. In the first instance, we have to deal with an organism which, having entered a susceptible person, here multiplies to an enormous extent and produces the disease; the morbid products, themselves charged with the new brood, are themselves the contagium. Such is the case in the true infectious diseases, like anthrax, tuberculosis, gonorrhoea, erysipelas, glanders, etc. In the second instance, the micro-organisms are extraneous, but produce a ferment which is the virus; the micro-organism does not enter the body, but lives and multiplies outside this, and as a result of its activity produces a chemical ferment, which when introduced into the system acts as the virus. This is exemplified in cases of septic poisons, the ptomaines. The disease set up by these ferments is then equivalent to a chemical poisoning. In these instances, as a necessary consequence, the morbid products contain neither the organism nor the virus.

Now, does what is known of cholera fulfil the conditions of the former or latter group of diseases?

I maintain that cholera cannot belong to the first group of diseases for these reasons. The general opinion as to the incubation-period of cholera is, that it varies between one and two days; but there are several carefully observed cases, where the incubation could not have extended to more than from half an hour to a few hours (see Professor Drasche's account of cholera-cases in a laundry in Vienna, 1873, as described in a pamphlet, *Der Pilsfund bei der Cholera*, Vienna, 1884).