Since 1698, when Clopton Havers was elected first Gale lecturer on osteology, undue value has been fixed on the subject. Specimens are easily prepared and kept, and, while they are being handled, teacher and learner are readily reminded of the facts to be acquired.

Anatomy is highly esteemed as a means of mental training, a purpose for which it would be fit for the earlier years; but, during the later ones, no memory could retain a thorough acquaintance with it together with the far more important knowledge to be then stored up. One would have thought that Mr. Syme's committee of the Medical Council (1868-9) would have set this question at rest. The 131 teachers whom they consulted were almost unanimous in restricting anatomical work to the first half of study. In the faulty system lately superseded in my College, there were but two examinations, and Anatomy counted nearly 50 per cent. of the first.

These top-heavy candidates were easily knocked over; fifteen out of nineteen failed a few weeks ago. Thirty-two years ago, when I passed, work with a grinder was indispensable for making knowledge producible; the entire professional examination was oral, only occupying an hour on each of two consecutive days. In some cases, the hours were allowed to be consecutive. Under the new scheme, each student is examined during about fifteen hours within the four years, and in every item the methods are the most practical in the United Kingdom. The conjoined plan compels work in a school during the first year; that of the College of Surgeons did not, and the period went popularly by the name of "the Skibbereen year," as it might be spent in that remote place. Grinding was thus encouraged to a pernicious degree; for the student, having to answer at the end of the year in many subjects, about which he had only read, depended on cramming alone—a fault likely to endure for his whole pupillage.

The conjoint curriculum has no place for the assistantcy with a practitioner, which some value highly, but preferably it insists on *bonâ fide* work as dresser and clinical clerk, which has heretofore been a want in the Dublin Hospital system, and on attendance at ophthalmic and obstetric institutions, and the compounding department of a clinical hospital. In future, the declaration of the President of the Medical Council will be applicable to my city likewise. "The instruction given in London hospitals for the average learners is tenfold more detailed and more precise than in the student days of Hunter and of Brodie." That all our young fellows do not become prodigies, proves there are limits to receptivity.

In the final examination, in addition to medicine, surgery and midwifery, the candidate should be allowed to choose one of the three great special lines of practice towards which he may be called, namely, mental pathology, ophthalmology, or hygiene, and tested in it alone. The growing importance of the last named is shown by the fact that it forms a necessary part of examination in 91 of the 233 colleges which qualify in the United States and Canada. If the Apothecaries' Hall be raised into a full licensing body (the legality of so doing is at least questionable), the medical profession in Ireland will have lost far more than it will have gained by the Medical Act. As that company does not annually receive as much money for its licenses as is paid by a single candidate for any registrable qualification, to abolish its power would inflict pecuniary loss only infinitesimal compared with other sources of profit. As dispensers, they have been largely supplanted by the licentiates of the Pharmaceutical Society.

And now I end this imperfect survey of medical affairs in Ireland, and express to you earnest thanks for having patiently listened to it.

INVERSION OF UTERUS WITH A LARGE FIBROID.—Dr. Goossens, of the Rotterdam Hospital, mentions, in a Dutch medical journal, an interesting case of inversion of the uterus, complicated with a fibrous tumour of the wall. The woman was first admitted into the hospital in 1881 for menorrhagia, which had lasted for three years, or since her last confinement. On examination, a large tumour was found in the vagina, the base being evidently within the uterus. By means of bimanual exploration, the organ was felt to be enlarged and hard. While the surgeons were considering whether a vaginal operation or a laparotomy offered the best hope of success, the patient solved the question for them by leaving the hospital. After the lapse of four years, she was brought back, apparently dying from profuse hæmorrhage. During defecation, a large rounded mass was extruded about eight inches from the vulva; this proved to be a myoma of the fundus of the now inverted uterus. An elastic ligature was at once applied to the base of the myoma, care being taken not to wound the peritoneum inside the inverted organ. The hæmorrhage being thus arrested, the tumour was removed, and, antiseptic measures being taken, the uterus was replaced. The patient was ultimately discharged, cured.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association
held in Brighton, August, 1886.*

By ALFRED MEADOWS, M.D., F.R.C.P.,
Physician-Accoucheur to St. Mary's Hospital: President of the Section.

ON CERTAIN OBSTETRIC AND GYNÆCOLOGICAL OPERATIONS.

BEFORE we proceed to the special business of the Section, it is customary, and, I think, fitting, that the President should make a few introductory remarks; and in doing so I desire, first, in the name of this Association, to offer a hearty welcome to all those who have kindly honoured us with their presence, and especially those whom, though foreigners in a national sense, we are proud to regard as brethren, whose lives are spent in, and whose hearts are devoted to, the study and advancement of gynæcology and obstetrics. I wish, also, to express my thanks to the Council of this Association for the high honour they conferred upon me in electing me to the Presidency of this Section. It is an honour of which I feel justly proud; and it is one which can be best appreciated by those who are cognisant of the great work which, year by year, is being carried on by the practitioners of this department of medicine.

And here I would venture to make a remark upon the growing differentiation of the subjects of which this Section takes cognisance. More and more evident each year is the divergence which is springing up between obstetrics and gynæcology; not that the practitioners of either department recognise any antagonism between the two; but rather the conviction is being forced upon their minds, that each is sufficiently important to be regarded as a separate "item," and is best studied and advanced by judicious and judicial separation. In America, in Germany, and elsewhere, this divorce is being effected as a matter of scientific necessity, and in our own country the same process of disintegration is going on; while its formal recognition has been prominently advanced by the Council of the International Medical Congress, which has established separate sections in obstetrics and in gynæcology, just as in various centres of study, in the great cities of Europe and America, the same division is being effected. I hold, very strongly, the opinion that it is to the advantage of both, certainly it is to gynæcology, that this divorce should be recognised; for, although it may probably be said that all obstetricians are gynæcologists, more or less, the converse certainly is not true; for many are proud, and justly so, of their gynæcological attainments and reputation, who have no pretensions, and do not lay claim, to be considered as obstetricians. This division will, I have no doubt, become more and more marked as the science and practice extend; and it would be wise, I think, for those in authority to recognise the fact, and do their utmost to advance a most important work. As I have remarked, there is no necessary antagonism between the two; but, as in some other circumstances and relations in life, a forced union between parties, where one or both desire a friendly separation, is sure to lead to family quarrels, and will hinder rather than promote those cordial relations which are essential to prosperity and progress.

It cannot, I think, be denied that this Section is yearly growing in importance and interest; nor, I think, can it be disputed that the advances which have been made and the brilliant achievements which have been wrought in the practice of gynæcology during recent years have placed this department in the foremost rank of surgical art, and have enabled the gynæcologist to rivet the attention of the whole profession on the marvellous record of his courage and his skill. I venture to say that, if we look up and down the history of surgery in this or any other country during the last quarter of a century, it would puzzle us to find a parallel to the chapter which may now be written of the abdominal surgery which the gynæcologist has introduced. Nowhere is there such a record of life saved, of suffering averted, of health restored, of happiness secured, as is inscribed on that tablet of time which the knife of the gynæcologist has carved in letters of indelible characters. Nor is it only in the department of gynæcology that new departures are being taken for the saving of

human life and the amelioration of human suffering. If I am not mistaken, the discussion which is to take place here to-day on the subject introduced by that master of obstetric surgery, Dr. Barnes—namely, the Alternatives to Craniotomy—will mark an epoch in the practice of midwifery in this country, if not in the whole world; and I earnestly trust that it will lead to a new departure, by which many lives will be spared which are now sacrificed, and the conscience of the obstetrician will in the future be made happy by the promulgation of a new law, the assertion of a new principle, which will save his hand from becoming an instrument of slaughter, a slayer of innocent life; I had almost said the murderer of an unprotected infant.

I do not know what is in store for us from the pen of Dr. Barnes; but I will venture to prophesy that, if that Nestor of British midwifery be not going to recommend, as I earnestly hope he will, the total or almost total abolition of craniotomy, at all events I trust that his remarks will tend in that direction; and I have some confidence that, if not in our day, at all events in the next generation, it will be regarded as almost as great a crime to thrust the perforator into the head of an unborn as of a born infant. The whole tendency of modern midwifery practice is in this direction. The conscience of the profession is being freshly awakened, and the heart of the practitioner is being stirred to revolt against an act which is, in one aspect at least, truly barbarous, and from which his whole moral nature shrinks. I am certainly not much in favour of sentimental legislation, nor do I think that sentiment alone is a safe guide in many of the practical affairs of daily life; but I do protest against a practice which offends against the highest sentiment of religion of any and every kind, and I contend that we have not exhausted the resources of civilisation until we have found out some means by which we may in every case of labour, with reasonable chances of maternal safety, extract a living and viable child from the mother who gives it life. In the operation of Porro we have a suggestion which has undoubtedly advanced abdominal surgery as a mode of obstetric delivery, and is a great improvement upon the old Cæsarean operation. Not the least merit of Porro's operation is the fact that it ensures the mother against a repetition of the peril in which pregnancy places her. On this point, I entirely agree with Mr. Lawson Tait when he says that, "upon the moral ground, I am quite sure that a Porro's operation is preferable to a craniotomy; for in the latter the child is inevitably destroyed, and the mother runs as great a risk as I think she would in Porro's operation. I feel certain that the decision of the profession on this point will be before long to give up the performance of those operations destructive to the child, in favour of an operation which saves it and subjects the mother to little more risk, and which has the great advantage that it prevents her from being subjected to a similar risk in future."

This observation exactly tallies with my own feeling on this subject; and to the gynæcologist quite as much as, if not more than, to the obstetrician, will be due the great merit of revolutionising our practice in this respect, and of inaugurating a new era of that combination which is the best augury for the happiness of mankind, medical quite as much as political, conservatism and progress. The profession in America is already agitated on this subject, by disputants drawn from both the clerical and the medical professions. That they should mutually misunderstand one another is not, perhaps, much to be wondered at, as they would naturally regard the question from totally different points of view. The one would be inclined to regard it only from the moral standpoint, while the other would be tempted to limit his observations only to its scientific bearings. The truest aspect would probably be that which took account of both; but I confess I think the danger with us lies in the too exclusive recognition of the latter, to the partial disregard of the former; and the facility with which craniotomy can be performed, as compared with either of its alternatives, must ever constitute a temptation which only a high moral sense, aided by a strict rule pointing in the opposite direction, and ever suggesting the commandment, "Thou shalt not kill," will suffice to avert. Let us hope that the influence of this Section, meeting in this beautiful town, and surrounded with so much that is lovely in nature, will cast its great influence into the scale of conservatism, and will do what in it lies to check the fearful tide of infant slaughter which sweeps away annually, in this country alone, nearly 2,000 innocent lives, besides some hundreds of mothers. I say it behoves us all now, and especially we in England, who have done so much to perfect abdominal surgery, and who may be regarded as the pioneers in this department of surgical practice, to look well to it, lest the honours of this great conservative movement be taken from us, to the lasting discredit of British midwifery.

Little, if at all, inferior to this important question, which belongs more especially to the obstetrician, is that other subject which the

executive of this Section has selected for consideration on Friday, and which belongs to the department of gynæcology, namely, the removal of the uterine appendages. It may be that this term is the best that can be selected, but I confess it always appears to me to express a physiological error; for the ovaries and the Fallopian tubes ought certainly not to be regarded merely as appendages to the uterus. Rather, I should say that the uterus is an appendage to the other organs, which are undoubtedly its superior in physiological work. But, be that as it may, their removal is becoming—may I not rather say has already become—one of the more startling innovations in modern gynæcological surgery, and bids fair to occupy the attention of the profession for many years to come.

It is greatly to be deplored that so much of bitterness and angry feeling has been imported into the discussion of this subject; for though it is as certain now as when the maxim was first uttered, that "Magna est veritas et prevalebit," yet nothing so hinders the establishment of truth as the importation of angry discussion, and the imputation of evil motives. But it seems to be a law of the moral world that anything which invades its territory is sure to provoke opposition, and to excite angry contention; and the operation I am now considering is just one of those which touches upon moral considerations above and beyond its purely scientific bearings. I can well imagine that if a similar operation could be applied to the opposite sex, and were practised with the same freedom, the same dexterity, and upon grounds which the opponents of the former operation characterise as the same triviality, no doubt the hue and cry which is now being raised, not only throughout Europe, but also in America, would be increased by such a chorus of angry voices as would suffice to sweep it entirely out of existence. Happily, however, we men are safe against this innovation; and being, therefore, perfectly free to view the question as one entirely outside ourselves, we should be the less inclined to personalities, and should determine its merits with that calm judicial mind which we are wont to claim as the distinctive characteristic of the superior sex.

It is not my intention—for I have not the time—to discuss the merits or demerits of this question, involving, as it does, moral as well as physical considerations in relation to the sexual functions; no doubt, these will be well and ably advanced by those who are to take part in the discussion on Friday. This much, at all events, I may say: that I thoroughly believe in the sound and scientific basis upon which the operation is founded; that I regard it as a most valuable addition to our methods of curing certain cases of ovarian and tubal disease which are beyond the reach of therapeutic remedies; that I entirely endorse the view of its applicability to certain forms of nervous diseases which have hitherto resisted all attempts of cure by means of drugs, even when these so-called appendages are not the seat of any cognisable disease; and, lastly, I believe that, by this operation, and by this alone, in many cases, the sufferings caused by the presence of certain forms of uterine fibromata may be entirely removed, the growth of the tumour be thereby arrested, and its disappearance, in some cases, effected. It may also, I think, be a question for consideration whether, in women who are the subjects of such pelvic distortion, that the birth of a living child *per vias naturales* is an impossibility, the removal of the ovaries, and with them the Fallopian tubes, as being both useless and, possibly, troublesome, ought not to be performed. The risks of the operation are really so slight, and the results, in all the cases above referred to, are so satisfactory, that I feel sure the minds of gynæcologists will, before long, arrive at an unanimous opinion in favour of this proceeding in all the cases mentioned. As regards the last of these, that where it is done to prevent impregnation occurring in cases of extreme pelvic dystocia, it is impossible to deny that, in comparison with craniotomy, the Cæsarean section, or Porro's operation, or even the induction of premature labour, the risk of oophorectomy is incomparably less; and I contend that, on moral grounds, too, it is far better that, in these special cases, this operation should be performed rather than that those so-called safeguards should be practised to prevent impregnation, which are, too often, not only disgusting and revolting to the female mind, but are absolutely demoralising, and tend to destroy that proper modesty which should exist between married people.

But, while thus expressing a very decided opinion in favour of this operation in properly selected cases, I cannot refrain from uttering one word of caution, lest the very facility with which it can be performed, and the certainty which characterises its results, should tempt us to be somewhat too lavish in our selection of the cases alleged to be fitting; and I am the more inclined to make this remark from the fact that I cannot, at present, regard our power of diagnosis as anything like so satisfactory as it ought to be before deciding on so important an operation. I think we should strive after

much greater perfection in diagnosis than we at present possess; and surely careful clinical observation, aided as it is now, by actual inspection of the parts in the operations so commonly performed, ought soon, by a careful comparison of the subjective with the objective, to put us in possession of such an amount of valuable material as should enable us to arrive at absolutely certain data in the matter of diagnosis.

Again, I am inclined to think that there is some risk of our losing sight of the fact that there is such a thing as medical treatment, both topical and general, and that not every case of disease of the appendages, so-called, must necessarily come under the radical treatment of the knife, the pen, in many cases, may very well be substituted for the knife: and assuredly we shall never advance the science of therapeutics if practice such as this is to be the rule. I know it is said that these cases only come to the surgeon when the physician has signally failed. No doubt this is so in many cases; but some of us are physicians and surgeons as well, and I would strongly counsel all such to take good heed to the medical aspect of their cases before they resort to surgical interference, and only to adopt the latter when all other means have been honestly and perseveringly tried, and have as signally failed. These remarks apply, of course, only to cases of disease of the appendages themselves, and do not touch those other conditions for which I have declared my opinion that the operation is perfectly justifiable.

Time will not permit my discussing, or even cursorily alluding to, the many other topics, of great value and interest, which are to come before us in this Section. I have referred to these two only because of their supreme importance, and in the belief that I ought to place on record the opinions which I hold regarding them. Many other most interesting subjects will be brought forward,—notably a paper by Dr. Lusk, of New York, on the proper moment for performing gastrotomy in abdominal pregnancy,—which cannot fail to interest both the obstetrician and the gynecologist; also, one by Dr. Emmet, which is to bring before our notice certain moot points in gynecology. Then we have, from Dr. Aveling and Dr. Petch, two interesting communications on the employment of electricity in extra-uterine foetation, the former of whom is, I believe, the first in this country who has used this method of treatment successfully. The subject of Emmet's operation for laceration of the cervix uteri is also to be brought forward, with a record of twenty cases, by Dr. Beverley; and I may also refer, lastly, to the paper, by Dr. Fancourt Barnes, on perinaeorrhaphy. These are sufficient to show that the meetings of our Section will certainly not be dull for want of interesting material—indeed, I may well congratulate the members of this Section on the splendid work that will come up for discussion in the papers which are to be brought forward; and gynecologists may feel justly proud of the wonderful advances which are being made in this department of medical and surgical practice. I question very much whether there is any other department of our profession which has made such strides towards perfection in operative skill, and has achieved such signal success. But, together with this congratulation, I would like to add the expression of my earnest hope that we shall not rest content with our present skill in diagnosis, nor with the uncertainties which yet surround our therapeutics. There are still many dark corners in gynecology upon which the light of careful, accurate, and painstaking clinical observation is required to clear up doubtful points in diagnosis; and there is a great deal more yet to be done before our therapeutics can lay claim to anything approaching an exact science. It may be an Utopian idea on my part; but I confess I do not see why we should not possess a group of remedies whose action upon the ovary, or the uterus, should be as well known and understood, and as certain in their results, as are the actions of diuretics on the kidneys, purgatives on the bowels, and cholagogues on the liver. To this end at least we ought to work; and if, at each yearly meeting of this Association, only one such remedy be announced, whose reputation is founded on careful and accurate clinical observation, then our successors will have good cause to congratulate us on the work which we have done.

CHLORODYNE DRINKING.—At the inquest on the body of a lady, aged 62, of independent means, residing with two other maiden sisters, it was stated in the course of the medical evidence, that all three of the sisters had been in the habit, for two or three years, of taking chlorodyne in large quantities, so much so, that their bodies had become emaciated, their mental condition affected, and the use of their limbs had become impaired. The body of the deceased did not weigh more than 50lbs., and death was due to continued overdosing of chlorodyne.—The jury returned a verdict of death from continued overdoses of chlorodyne.

THE BRADSHAW LECTURE ON DIABETIC COMA.

*Delivered before the Royal College of Physicians of London,
August 18th, 1886.*

By JULIUS DRESCHFELD, M.D., F.R.C.P.,

Professor of Pathology, Victoria University: Physician to the Royal Infirmary, Manchester.

WHEN I received through you, Sir, the flattering request to deliver the Bradshaw Lecture for this year, I felt that only second to the high honour thus conferred on me was the difficulty of finding a subject worthy of so august and select an audience. My choice fell on a subject, which, though of small compass, is yet full of interest both to the physician and to the pathologist; it is a subject which has engaged my attention for a number of years, and in which even a slight contribution to the elucidation of the obscure pathology is not void of interest. By Diabetic Coma, we understand a peculiar train of symptoms coming on, more or less suddenly, in the course of diabetes, characterised chiefly by coma, and often ending fatally in a very short time. Now, a sudden death is not uncommon in diabetes; yet the term diabetic coma is by no means applicable to all these cases, though coma may form a principal symptom. In many there is a well-known cause, and, after death, a well-defined lesion is found. Thus, in some instances, a diabetic person may suddenly become comatose, and die after a few hours or a few days, and the necropsy reveals a cerebral hæmorrhage; others die from acute croupous pneumonia, which, in diabetes, as in Bright's disease, may come on without the usual symptoms, such as rigor or pain in the chest, may run a rapidly fatal course, without much rise of temperature or expectoration of rusty sputum, and where, unless an examination of the chest reveal the physical condition of the lung, the principal symptoms will be dyspnoea and gradually deepening coma.

Again, albuminuria is not unfrequently observed in diabetes, and, according to Stokvis, occurs even much oftener than is generally supposed, as the large amount of urine passed interferes with the detection of small quantities of albumen. Now, though the presence of albumen may be due to a variety of causes, as I shall presently have occasion to mention, yet, there are observed occasionally cases, where interstitial nephritis and diabetes exist together, either independently, or, as Pavy believes, where this form of Bright's disease develops during the course of diabetes. In some of these, the nephritis may have a beneficial effect on the diabetes; in others, however, death may take place, apparently from diabetic coma, but in reality from uræmia. I have seen two cases of diabetes where, after some premonitory symptoms, such as headache and vomiting, coma with marked dyspnoea rapidly developed, and speedily led to a fatal issue. The urine contained in one case but a small amount of sugar, and in both cases only a trace of albumen. The characteristic odour of acetone, however, was not noticed, and the urine gave no reaction with perchloride of iron. The *post mortem* examination showed in both cases markedly contracted kidneys, with typical interstitial nephritis, and the heart in both cases was very much hypertrophied.

Intercurrent affections, by no means fatal in themselves, coming on in the more severe forms of diabetes, may speedily lead to death, with symptoms resembling diabetic coma; and even slight operations, though they are sometimes followed by typical diabetic coma, at other times cause death from shock, from paralysis of the heart or paralysis of the higher nerve-centres. Quite recently I had a patient under my care who suffered from diabetes, and who had also a stricture of the urethra. The breath of the patient had the characteristic odour, and the urine contained acetone, but no aceto-acetic acid. The presence of the stricture, causing a very considerable distension of the bladder, necessitated the introduction of the catheter, and this was soon followed by a rise in temperature, from the normal to 103°, and by death from collapse, within ten hours of the introduction of the instrument. The *post mortem* examination revealed stricture of the urethra, a dilated and hypertrophied bladder, and some amount of hydronephrosis; the remaining substance of the kidney showed no changes, and the heart was found free from fatty degeneration. There can be little doubt that we had here a case of the so-called "catheter fever."