AN ADDRESS ON THE PROGRESS AND WORK OF THE BRITISH GYNÆCOLOGICAL SOCIETY.

Delivered at the Annual Meeting of the Society.

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ONLY ten short months have elapsed since I delivered from this place the inaugural address at the first meeting of this Society. My first words on that occasion were those of grateful acknowledgment to you, gentlemen, for the high honour you had conferred upon me in electing me as the first President of a Society which, I felt confident, would ere long be able to boast of a success second to none in the history of medical societies in this country. To-day, ere I vacate this chair, I desire to express my heart-felt thanks for the unvarying courtesy, kindness, and consideration which has been shown to me by my colleagues in the council-chamber, and by the Fellows of the Society at the meetings over which I have had the honour to preside. The confident expectation which I expressed as to the success of this Society has, I am pleased and proud to say, been more than verified; and I believe I am fairly entitled to say that, as a society, we occupy a position to-day which, whether it be regarded from the standpoint of our numerical strength, or from the character and quality of the work which we have done, as recorded in the Journal of our Transactions, is one that we may all be justly proud of. If there be sceptics who doubted the wisdom or questioned the propriety of founding a new society with the objects we had in view, their criticism, I venture to say, will hardly do credit to their foresight when confronted with the historical facts which form the record of our first year's existence. As a matter of fact, I believe that the objections which were taken and the opposition that was raised to the formation of this Society were not of a high scientific order, or the result of any conscientious desire to advance or encourage the study of gynecology in this country; but these objects were certainly uppermost in the minds of those who originated this Society; and we may well feel, as we look back upon the record of our first year's history, that we have wrought a good work, and that we have not only added to our stock of knowledge by mutual intercourse with each other, but that we have left our mark upon the scientific record of the year, and have added to the total sum of human knowledge for the benefit of mankind.

If this be so—and I challenge anyone competent to express an opinion on the subject to deny it—then I say that we have not only established our claim to existence, but we have made that existence an absolute necessity for the work which we are called upon to do—work, too, which would certainly not be done except by such a society as this. Measured merely by the numerical standard, I believe that no other medical society can show such a marvellous record of success, nor do I know of any other test by which to gauge the popularity of a movement such as that which led to the foundation of this Society. The fact that 260 Fellows had joined our ranks when I delivered the inaugural address at our first meeting is sufficient evidence, I think, of the appreciation in which it was held, and is conclusive testimony that it supplied a want which was very generally felt; while the fact that over 120 Fellows have subsequently been elected is conclusive proof of the continued interest which is felt in the prosperity of the Society, and the strongest testimony to its utility and attractiveness. Moreover, the attendance at our meetings, which has been in point of numbers fully equal to that of any other medical society, notwithstanding that we meet fortnightly instead of monthly, as is the rule with most other societies, is additional proof of our success, and evidence of the interest taken in our proceedings. Nor is it merely or chiefly from London that our Fellows are derived, nor even from the British Isles alone, but we have on our muster-roll as ordinary Fellows of the Society the names of gentlemen from all parts of the world, more especially from America and France. Among our Vice-Presidents, and therefore as ordinary Fellows of the Society, we have the names of Pinard of Paris and Mundé of New York—men whose names are familiar as household words wherever the science of gynecology is recognised; so that not only is this Society rightly designated British, but it might also be called universal.

Speaking from a pretty large experience of other medical societies in this metropolis, I can truly say that I know of no other society

the ordinary meetings of which attract Fellows from such distances as does this. I believe we have never held a meeting at which there were not present representatives of some of the largest provincial towns, as well as from the capitals of Ireland and Scotland. Birmingham, Manchester, Liverpool, Wolverhampton, Dublin, and Edinburgh, have all furnished materials and men to illustrate our work, and enhance the interest and attractiveness of our meetings, by bringing together, into one focus as it were, a mass of experience of the most varied order, and scientific attainments of the highest mark. Hence, the discussions which have taken place here have possessed, as I ventured to hope and predict they would, an educational value which cannot be over-estimated. In my inaugural address, I made the remark that "if this Society fulfilled its proper mission, it may, and, in my opinion, it ought to, become a great educational institution;" and I have always regarded this as one of its most valuable features. Even we so-called specialists have, I venture to say, learnt much during this our first session; and the large number of our brethren in general practice who have attended our meetings must, I think, have thereby gained much valuable information which cannot but be useful to them in their daily work.

Referring to the numerical strength of the Society, I may say that, including the names of those nominated to-night, our muster-roll has now run up to 400, a number which, I believe, is wholly without parallel in the history of any similar society, seeing that it is only ten months since we started on our career, of which two months were vacation-time, so that we have only had one short session of eight months.

And here I would make one remark in reference to the Journal of the Society, which is at present our only literary property. No one, I think, who has seen that journal, will contradict me when I say that, for artistic effect, for typographical excellence, and for general external appearance, it reflects the greatest credit upon the editor, Dr. Fancourt Barnes, who is alone responsible for these qualities, and deserves the thanks of the Fellows; while, as to its scientific contents, I think, as representing the first year of our work, it is a journal and a record of which we may feel honestly proud. That it is appreciated, too, by the profession, is evidenced by the fact that one of our numbers had to be reprinted as a second edition. I think it is a very great advantage that our transactions are thus published quarterly, instead of waiting till the end of the year; especially as the Journal contains not only particulars of our own work, but is also a record of the whole subject of gynecology at home and abroad, and, as such, possesses a very special value. Only those who are acquainted with journalistic work can appreciate the labour which such a journal entails; but the Society is to be congratulated on having secured the ready, willing, able, and most valuable services of Dr. Fancourt Barnes.

Another matter which the Council has taken in hand during the past year, and upon which a committee is now actively engaged, is the subject of the Relation of Menstruation to Ovulation. I ventured, in my inaugural address, to suggest that a small working committee should be formed to collect and sift the mass of evidence which exists on this subject, and to give us a report which might be discussed and criticised with great advantage. I cannot imagine a more useful work for such a society as this, than the collective investigation of evidence on doubtful scientific questions connected with our special department of practice. All such work may go on simultaneously with the clinical and practical work of our lives; and thus much of abstract scientific knowledge, as well as of practical therapeutics, may be the outcome of such a society as this, and the best possible evidence of its utility and value.

Turning now to a brief mention of some of the subjects which have been discussed during the past year, I would put in the forefront, as being the most interesting and the most important, the discussion on uterine fibromata, which extended over three nights, and was originated by an admirable paper; though I dissent from many of the opinions advocated by the author, Dr. More Madden. It is not too much to say that that discussion, and the specimens of this disease which have been exhibited here by Dr. Bantock, Mr. Lawson Tait, and others, have advanced considerably our views of the proper treatment to be adopted in these cases; and, as I took no part in that discussion, I may perhaps be allowed now to make one or two observations on the subject. It will be recollected that the author objected rather strongly to the practice of treating these cases by hysterectomy, or indeed by any surgical proceeding, on the ground that the disease very seldom ends fatally, and that therefore a formidable operation is not called for, and can only be regarded as justifiable in very exceptional circumstances. Wide differences of opinion were proved to exist among the Fellows of the Society as to the danger of leaving these cases

alone; some, though a very small minority, regarding them as comparatively harmless cases; while the experience of others, and that a large majority, showed that fatal results are by no means unfrequent. It is obvious that the question of the propriety of resorting to surgical interference depends in great measure upon whether the disease is or is not to be regarded as one involving any danger to life if left alone. Speaking from my own experience, I have no hesitation in saying that a fatal issue, in the ordinary history of these cases, is by no means so rare as is sometimes asserted. Nor is it merely by gradual exhaustion and continued loss of blood that death not unfrequently occurs; for there are other more sudden and more certain causes of death which were not mentioned during the discussion. I have seen again and again inflammatory attacks occurring in the tumours themselves, and leading in some cases to suppuration within the substance of the tumours, and to subsequent death by pyæmia; while in other cases phlebitis has occurred, and death has resulted from pulmonary embolism. Two such cases occurred in my practice within the last two years. Sir Wm. Jenner saw one of them with me. Both of these might, I believe, have been saved had the patients consented to surgical interference; but they had been told that the disease was perfectly harmless, and therefore refused to have anything done to rid them of it. I have seen many cases of inflammation of uterine fibroids, and I always regarded the condition as one of extreme gravity, for the course of the inflammation is very uncertain and erratic, and liable to accidents, so-called, of the kind above mentioned. I have also seen several cases end fatally by gradually exhausting discharges, while others have terminated more suddenly by violent losses of blood. I well remember, years ago, being called suddenly to a case of violent flooding, which had come on while the patient was walking in the street. She was carried home, and died in a few hours; but, before she died, I found that she was the subject of an intra-uterine fibroma, for which she had long been under medical treatment, which I do not hesitate to say was worse than useless; but was told that the disease was perfectly harmless, and that at the change of life it would disappear. She, however, died before that happy change occurred. My experience, therefore, is dead against the opinion as to the harmlessness of these growths; and I entirely dissent from the statement of Dr. More Madden, that "the mortality of an ordinary uterine fibroid, if left alone, is nothing approaching a death-rate of 8 per cent." Hence, I am an advocate for more frequent resort to surgical interference, and I should regard a death occurring in the history of an uterine fibroid as casting a great slur upon the professional reputation of the attending practitioner.

On the question of enucleation *versus* hysterectomy, I also entertain a very decided opinion adverse to the former, except in certain clearly defined cases; and I would lay down this rule with regard to the question of enucleation; namely, that in all cases where the uterine cervix is perfectly healthy, and altogether free from the disease, which is, therefore, limited absolutely to the fundus and body of the uterus, enucleation is wholly inadmissible, and hysterectomy ought to be performed. The cervix in such cases forms an admirable pedicle or stump, and the whole disease, being above the cervix, is well within the compass of removal by abdominal section. Where, on the other hand, the disease is in one or other uterine wall, and invades the whole cervix, so that the anterior or the posterior lip is occupied by the growth which thus projects into the vagina, there the disease can and ought to be attacked, for it is easily accessible *per vaginam*, and can, as a rule, be easily shelled out from the loose cellular bed in which it is developed.

As to the medicinal treatment of all these growths, I expressed a very decided opinion years ago, which subsequent experience has amply confirmed—that it is worse than useless, and I would say scarcely honest, to attempt any such with a view to cure; it is mere waste of valuable time, and, so far as the patient is concerned, an equal waste of valuable money.

Upon the question of the removal of the ovaries in these cases for the arrest of menstruation, and consequent arrest or the cure of the disease, my experience has thus far been decidedly favourable; though, as I have already mentioned, I have one case now under observation where the removal of the ovaries twelve months ago has not been followed by the cessation of menstruation, and the growth is still increasing in size. Nor do I think that this proceeding can have more than a limited application; namely, to those cases in which the growth is certainly not larger than a foetal head at term, where the tumour is also interstitial, and therefore liable to flooding, and where the patient is under forty years of age. It should be remembered, too, as in favour of this operation, that while it is not one which is attended with much risk, its failure for the purpose in question does not preclude us from subsequently resorting to the more

radical method of complete extirpation of the disease by hysterectomy.

Another very interesting and suggestive paper was that of Dr. Bell on dysmenorrhœa. The condition of which it treated is so common, and the views entertained by gynecologists regarding its pathology and treatment are so diverse, that much good must follow the publication of a paper so thoughtful and philosophical. Moreover, as a protest against what the author regarded as a too mechanical tendency in the treatment of this affection, it would undoubtedly exercise a thoughtful influence over the minds of gynecologists. At the same time, I feel bound to say that my own experience accords very closely with that of most of the speakers in the belief that, in a very large proportion of the cases of dysmenorrhœa, the pain is entirely due to mechanical defects of a more or less obstructive character, and is only to be successfully combated by mechanical interference. It is well, however, that we should now and then have our attention called to the work which others are doing in what I may term the antimetaphysical field of uterine therapeutics. There is no doubt, I think, that the natural tendency of the busy life we lead is rather towards a narrowing of the field of our mental vision in proportion to the activity of our occupation. We seem sometimes to live almost too fast even to think; and such a habit of over-activity and preoccupation tends rather to limit and contract our mental vision, and thus to cause us, as it were, to run too much in a groove, and to be satisfied with insufficient inquiry. Hence, a paper like that of Dr. Bell calls upon us to halt and reflect; and though we may go on again, working on the same lines as before, yet the halt will have done good, even if it only confirm us, after mature reflection, in the opinion we previously held.

A brief but very interesting discussion arose upon a specimen, brought forward by Dr. Fancourt Barnes, of the kidneys of a woman who had died of albuminuria in pregnancy. The opinion seemed to be very general, but certainly not universal, that in all cases of albuminuria in pregnancy abortion ought always to be induced. I cannot altogether accept this doctrine, and the rule which I would recommend is this: that we should first of all differentiate cases of albuminuria in pregnancy into two classes, first, those in which the disease is recent and acute; and, secondly, those in which it is of long standing and chronic. The symptoms in these two cases are generally very plainly marked, and the microscope will usually distinguish between the two with unerring precision; for while casts will be found in both cases, they differ materially in their character and significance. In the chronic variety they are of large size, granular, and sometimes contain secreting epithelium upon their surface; while in the more recent and acute form, the casts are small, waxy, transparent, hyaline, and not at all granular. Hence the distinction is very marked, and so are the symptoms; and the treatment in the two cases ought, I think, to be widely different, and to be based upon these facts; for, as the chronic variety is not likely to be made much worse by the pregnancy, the acute form is pretty sure to become chronic if the pregnancy be allowed to go on. Moreover, interference of a surgical kind is far more likely to be attended with mischievous results in the former case than in the latter; for we have abundant evidence to prove that surgical operations cannot be performed with impunity on persons who are the subjects of chronic renal disease. This was indeed illustrated painfully in the case brought forward by Dr. Fancourt Barnes. But this fatality is by no means the rule in cases where the albuminuria is recent and acute; operative interference is here tolerated not only with impunity, but with manifest relief to that condition which calls for the operation. Again, in the case of the chronic variety, the life of the mother is, if I may say so, to some extent relatively of less value than in the other class of case, because she already has a mortal disease, and therefore the life of the child has a stronger claim upon us, and we should do what is best for it by allowing the pregnancy to go on. For all these reasons, then, I would lay down this rule: that in chronic cases, such as that brought forward by Dr. Fancourt Barnes, no interference with the course of pregnancy should be attempted; it is dangerous to do so, fatal to the child, and we cannot thereby prevent the development of the disease which has already become permanently established. In recent and acute cases, on the other hand, operative interference is well tolerated, to the evident relief of the symptoms; the disease is thereby prevented from becoming chronic, and so ultimately endangering the mother's life; and lastly, the child's life is of less value when put in comparison with that of the mother, which is certainly threatened if the pregnancy goes on. Such is the rule which I would venture to lay down for future guidance in these cases.

May I be pardoned now if I venture to make one or two observations which have about them a tinge of adverse criticism on the work

which we have done? Where all has been so good, it may perhaps not be very gracious to find fault; nor do I wish to do so, but only to point out other fields of labour in which I think abundant harvests may be reaped. It is, I confess, with a slight feeling of disappointment that I survey the work of the past year, in order to find what has been done in regard to uterine therapeutics. There has been a singular absence of any well-recorded observations of the value of drugs in the treatment of uterine diseases. I am myself a firm believer in the use of drugs. To me, practice would be shorn of its greatest attraction if I did not feel confidence in the things I prescribe. And what we sorely need here is a number of accurately recorded observations of medicinal treatment, that we may know what is useful and what not, and, if possible, the reasons why. We shall look in vain, in the past numbers of our Journal, for much information, much evidence of work done, in this department. With the single exception of the medicated tampons exhibited by Dr. Fancourt Barnes, as illustrating a new mode of applying remedies, we have had no novelty in medicinal practice brought forward. Dr. Chalmers, in his well-recorded case of sloughing of the vagina, certainly detailed some very careful observations in practical therapeutics. We want many more such, and I think we must probably look for them rather from the less operative Fellows of the Society. True, there was, one night, reference made to the value of iodine in the treatment of certain uterine diseases, but this reference served rather to illustrate the proverbial saying that doctors differ; because, while one eminent authority declared that iodine is most valuable when used in conjunction with glycerine, another no less emphatically stated an exactly opposite opinion. It is obvious that there must be some mistake here, and what we want is such accuracy of observation that errors of this sort are impossible. In my inaugural address, I gave special expression to the hope that during our first year of work we would record many accurate histories of exact therapeutic observations which would add to our treasury of useful knowledge, from which our professional brethren, and especially those engaged in general practice, might largely draw for the benefit of those whom they might be called upon to treat. At present, my hope in this respect has not been realised; and, ere I vacate this chair, I would again earnestly invite those Fellows of the Society who have special opportunities for observing the effect of drugs in gynaecological work to give us the benefit of their experience, in order that the teaching value of this Society may receive its fullest and most useful development.

There is another little criticism which I would venture to make, in the form of a mild protest against what I fear may become the too surgical tendency of this Society. We must remember that it is not given to all of us to perform the splendid operations which we have had detailed to us over and over again during the past year, by those whom we may well regard as the leaders in gynaecological surgery. Moreover the mind is apt to become satiated with these sensational novelties, and to be unfitted thereby for the more quiet but none the less useful routine of daily practice; and I venture to think that he who will perfect our daily work, by adding to our therapeutic store of knowledge of an exact kind, will do quite as much, though in a more quiet and unostentatious way, to earn the gratitude of suffering women, as he who performs the most brilliant operation before a wondering and admiring audience. Pray do not let it be supposed that I undervalue the splendid surgical achievements of Lawson Tait, of Bantock, and others; or the less showy but useful work described by Dr. R. T. Smith, in his highly suggestive and philosophical paper on the operation for the cure of lacerated cervix uteri; or again, the operation, originated by Dr. Alexander, of shortening the round ligament for obstinate and severe cases of retroflexion. I admire these achievements as much as any one, and I think they do infinite credit to the skill, the ingenuity, the courage, and the patience of their performers; and the record of their work must ever be honourable to this Society. But for all that, we must take care not to be too one-sided, and especially we should be careful not to be too surgically minded in our practice, or to think that the record of surgical work only is the one thing needful in such a society as this; for in proportion as we do so, we limit the sphere of usefulness of this Society, and to that extent we sow the seeds of ultimate decay and dissolution.

And now, gentlemen, I have finished. I fear I have wearied you with these tedious and rather commonplace observations, for which I ask your indulgence. The time has arrived when I must vacate this chair, which by your kindness I have occupied during the past year. No one knows better than I do my many shortcomings during my year of office, and no one can have felt more keenly than I the responsibility which rested upon me as your first President. It is no light matter, in these days of marvellous scientific development, to

undertake to found a new scientific society; and certainly those who do so should understand what they are about, and give proof of the reality and seriousness of their work. I do not think we shall have much to fear on this account when the day of reckoning comes. I rejoice to know that the wonderful success which this Society has achieved up to the present time—a success which I believe is without a parallel in the history of medical societies—has been due far more to its own inherent vitality than to the character and work of its first President. Certainly, I have taken, and shall continue to take as long as I live, the deepest interest in its welfare and success; and, to the utmost of my power and ability, it will be a genuine pleasure to me to promote its prosperity and extend its usefulness. Nor can I doubt that what you have done to-night, in the choice of my successor, has been done wisely and well, in the best interests of the Society. Considering the title and composition of the Society, I think it was both a graceful and a right thing to do to choose a President from among the provincial Fellows. Mr. Lawson Tait has by his work demonstrated that he is a consummate master of his art, and he is known, to be a man of the true scientific type. Moreover, he is a man of great force of character—fearless, honest, thorough, and straightforward; in fact, just the sort of man that I would wish to see ever at the head of affairs of the British Gynaecological Society. I congratulate you on the choice which you have made, and him on the honour he has received.

CLINICAL LECTURE ON IDIOCY AND IMBECILITY.

Delivered to Students of Owens College, Manchester (Dr. Ashby's Class for Diseases of Children).

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GENTLEMEN,—In welcoming you as observant visitors to the Royal Albert Asylum for Idiots and Imbeciles of the Northern Counties, I presume it will be scarcely necessary for me to point out wherein the inmates of this institution differ from those of a lunatic asylum. As, however, I am sometimes surprised to find that, even amongst members of our profession, there is a want of clear appreciation of the distinction between the lunatic and the idiot, a contrasting definition of each class may not be out of place. Briefly, then, the lunatic is one who has lost his intellect, the idiot has always lacked it; in the one case, there is mental disease; in the other, mental defect. Lunacy, or insanity, is characterised by disordered mental action; idiocy, or imbecility, by defective mental action. Esquirol aptly compares the madman to "a rich man become poor, whereas the idiot has always been in misfortune and misery." The term imbecility is now usually employed to denote merely a milder degree of idiocy, though formerly, and by French writers, it was used specially to designate mental weakness supervening in infancy. The Latin *Amentia* includes idiocy and imbecility; and the latter term (that is, imbecility) is, in my opinion, inappropriately applied when used (as we find even in official returns) to denote mental failure in old age, properly described as Dementia.

A few words as to the prevalence and distribution of idiocy. The census of 1881 gives 32,717 persons—16,105 males and 16,612 females—returned in the schedules for England and Wales as "idiots and imbeciles," being in the ratio of 1 to 794 of the population. Of these, no fewer than 9,183 were aged 45 years and upwards, of whom many so-called "imbeciles" were probably the subjects of dementia. On the other hand, parental reluctance to recognise mental defect in the case of young children is evidenced by the fact that the whole number of "imbeciles and idiots" under 5 years of age is returned as 451 only; and it is probable that a considerable increment, estimated by the Commissioners as at least one-fourth, should be added to the census returns, which would bring up the ratio at all ages to 1 in about 620 of the population.¹

It is curious that, whilst the census returns give in the aggregate a slight excess of female idiots and imbeciles, the experience of all British institutions shows that there is about twice the demand for accommodation for male as for female imbecile children. This is to some extent explained by the fact that the excess of females exists

¹ Census 1881 Report, vol. iv, p. 68, etc.