The preceding experiments show, however, that its usefulness is limited to such cases, and that as a remote astringent it is valueless. In weak solution, and uncombined, its action on contractile tissues, such as the vascular walls, is simply that of a dilute acid, while it is only when stronger solutions are used (much stronger than can ever exist in the blood, even if it were not in combination there) that its power of precipitating albumen comes into play. When its chemical affinities have been satisfied by neutralising it with a base or with albumen, it is no longer capable of precipitating albumen, and exercises, therefore, little or no influence on the parts with which it comes in contact.

Independently of these considerations, the very small quantity in which it exists at any one time in the blood, and that in combination, must also militate against its having any remote action. As we have seen, the only channels of excretion besides the bowel are the kidneys, and hence it is hardly possible that it can have an astringent action on any of the other mucous membranes, such as the bronchial. It is now almost an axiom in therapeutics, that substances which do not possess a very decided general action, can affect only those mucous membranes by which they are excreted, and it is improbable that tannin is any exception to this.

With regard to its action on the kidneys, it is conceivable that it may have a favourable influence in diminishing albuminuria, but even this is to be regarded as doubtful. Many eminent clinicians have expressed disbelief in its value, and the only cases which I have been able to find, in which the amount of albumen in the urine was carefully estimated from day to day, tend to confirm this view. They are four cases of chronic Bright's disease reported by Briese (*Deutscher Archiv. f. Klin. Med.*, xxxiii, p. 220, 1883) in which the administration of tannate of soda for long periods had no influence, either on the amount of urine or the albumen present in it.

In conclusion, I have to express my most sincere thanks to the Scientific Grants Committee of the British Medical Association for a grant of £35 towards the expenses of this research.

AN ADDRESS ON REMOVAL OF THE UTERINE APPENDAGES.

Delivered before the North Wales Branch of the British Medical Association.

By LAWSON TAIT, F.R.C.S.,

President of the British Gynaecological Society; and President-elect of the Birmingham and Midland Counties' Branch of the British Medical Association.

GENTLEMEN,—In response to the request of your secretary, that I should appear before you to-day and say something about abdominal surgery, I had intimated that I should speak of some cases of tumour of the kidney, and, for that purpose, I had prepared the set paper now in my hand. But since I have listened to the President's address, it seems to me it would be much more important, and that it would be of far more interest to you, if I were to take up one thread of his utterances, and confirm, so far as I could, the conclusions at which, I am delighted to find, he has arrived. I take it that the utterance of an opinion from one so well known and so eminent in his position as Dr. Eytton-Jones, is a conclusion not only of great value, but practically decisive in the direction which we desire to establish. I must at once express my profound sympathy with him in what he has said concerning my friend Dr. Imlach, of Liverpool. Until the legal proceedings in which Dr. Imlach is concerned, and in which I believe I shall be called upon to give evidence, are terminated, it is of course not proper that we should express any kind of opinion; but I cannot refrain from stating that to collect evidence against a member of our profession, as has been done by the committee appointed by the members of the Liverpool Medical Institute, by issuing a circular to anyone who might be able, for one reason or another, to take up a case and point to it as a failure, is perhaps worthy of the Divorce Court, but is not the kind of proceeding which is recognised in scientific discussions. I think it is altogether unworthy alike of the men who have sanctioned it, and of the city in which it has been practised. On this subject I shall have a good deal more to say when the trial I have spoken of has been finished.

I wish to speak on this subject this morning, because there have been submitted to me for opinion in the conjoint practices of Dr. Robert Roberts, of Festiniog, Dr. Robert Roberts, of Portmadoc, and

Dr. Richard Jones, of Festiniog, seven cases which by themselves would afford me sufficient material for half-a-dozen clinical lectures. They afford, indeed, illustrations of nearly all the points which we have to discuss on this important matter, and they enable me to cover very briefly a very large amount of ground, because six of them can be divided into three groups, and each pair, singularly enough, in each group, affords an almost complete illustration of its own particular kind.

Of course, my time and opportunities for carefully investigating the histories were but limited, and I am indebted to Dr. Richard Jones for the condensed histories which I hold in my hand, and which have been gathered together during an hour or two spent this morning with these patients.

The first case that I shall mention is that of a lady, aged 60, who, having ceased to menstruate for some four or five years, has resumed it. The discharge is accompanied by a very great amount of pain. In the pelvis can be felt a small tumour behind the uterus, which is quite fixed. Now here is a case in which all operative proceedings may be at once dismissed, because her history alone tells the story that the disease is malignant, and examination of the pelvis completely substantiates that. The diagnosis in this case had been completely made by Messrs. Roberts before I saw her, and all I had to do was to confirm the fatal decision which had already been arrived at.

The two cases next in order belong to another category; in them the disease is myoma, and the first case, a lady aged 49, who suffers great distress, whose appearance is that of profound anæmia and great and protracted suffering, was submitted to me for an opinion concerning the necessity of removing the appendages. Her menstruation was extremely profuse, and occurred at irregular intervals, sometimes of six weeks, and sometimes longer. There can be no question that Dr. Roberts's opinion is the correct one, and that she has an intramural myoma; if she had been four or five years younger, I would have unhesitatingly advised removal of the uterine appendages. But, at the age of 49, I think it extremely likely that she may be tided over the climacteric within the next twelvemonths, and thereby may obviate the risks of an operation. She has already been recommended to rest perfectly quiet in bed during any appearance of catamenia; she has had bromide and chlorate of potash, together with ergot at the periods, administered, and this most effective treatment has had in Dr. Roberts's hands a very marked influence on the case. I advised that it should be continued. Should, however, hæmorrhage occur with such frequency or to such an extent as to endanger her life, I advise immediate operation. It must not be forgotten that in these cases of myoma the climacteric period is often indefinitely delayed—delayed even as far as 60 or 61 years of age, so that, although we may generally come to the conclusion that at the age of 49 it is not well to operate for myoma, yet in some cases I have been obliged to operate at a much more advanced period of life than that.

A striking contrast to this is another patient, whom I saw next, in whom Dr. Richard Jones and Dr. Roberts had diagnosed uterine myoma, at the age of 35. This patient is anæmic, and losing profusely, and she is suffering great pain. Equally exhaustive and appropriate treatment has failed to relieve her sufferings or mitigate her symptoms, and therefore I entirely concur with the gentlemen with whom I have seen the patient, that her uterine appendages should be removed. She herself is anxious for something to be done to relieve her, and the operation will therefore be performed.

The next group consists of two patients, who again form remarkable contrasts in the histories of their cases, and in the results which so far have been obtained. The first is a quarryman's wife, aged 44, who has not menstruated for twelve years. She suffers, however, a great deal of pain, and at intervals so decidedly periodic, that they amount to what is an effort at menstruation. She suffers a great deal of distress. On examination, the uterus is found to be somewhat large, to be turned backwards and fixed, and on either side an ill-defined matting clearly indicates the nature of the case. The story, which was given to me by Dr. Roberts, is very characteristic, and I could, from it, completely recognise the nature of the case before I saw her. She was menstruating during a severe attack of measles, some twelve years ago, when it suddenly ceased, and she had what probably was an attack of pelvic peritonitis, what in fact, I think, we may take for granted was exanthematic periophoritis, and she has never menstruated nor been free from pain since. But it is perfectly certain, from the patient's appearance, that her sufferings are not in any way likely to endanger her life, and she herself is of opinion that they are diminishing. She is approaching the climacteric, and in the course of a few years there can be no doubt nature will completely relieve her of her troubles. In such a case I advise that nothing should be done save to assist the patient by the relief of

general symptoms, in such a way as to tide her over what time will be occupied in the completion of nature's cure.

But the second case is altogether different. This patient is 32 years of age, and, some eight years ago, there can be no doubt she suffered from an acute attack of gonorrhœa. She has had no children. She menstruates too often, very profusely, and with intense pain. The uterus is large, retroverted, and fixed, and large appendages can be felt damaged on either side. Nothing which has been done so far has benefited this patient much, and she earnestly begs for relief. The relief which can be given to her will be prompt and decided by the removal of what is, in all probability, the presence of double hydro- or pyo-salpinx, and to this she will shortly be submitted.

The third group consists of two patients who resemble one another in many respects, and yet possess striking differences in their histories and in their present conditions, which differences give rise to completely opposite conclusions as regard their method of treatment. The first patient is 35 years of age. She commenced menstruating at 13, the periods lasting from five to eight days, and being always very profuse. She married at 22, and her periods became irregular, more profuse, and accompanied by intense suffering. Dyspareunia has always been a prominent feature in the case. She has had four children, the last in March, 1881. She has had extremely severe labours, *post partum* hemorrhage, and after the last labour she had an attack of "pelvic cellulitis," and was laid up for three months. An abscess formed in Douglas's pouch, and burst into the vagina, and the patient has been ill ever since, suffering intensely during menstruation, and her pain is localised on the left side. She has also great pain when the bowels are moved; this pain, being so intense, has produced sickness and vomiting. The patient is very anæmic, and her face has the look of one who has gone through long and severe suffering. Examination revealed the fact that the uterus was retroverted and drawn to the left side, and the contents of the pelvis in that direction were all matted together, with a distinct mass to the left behind the uterus. I have no doubt that, in this case, there was an abscess of the left ovary or Fallopian tube in connection with labour, and that the remains of it are still there, inducing the persistent suffering, which makes this woman's life a burden to her. I therefore recommend that the abdomen should be opened, and the condition corrected by removal of the diseased structures.

The last case is an unmarried lady, about 44 years of age, in whom there is no clear history of the origin of the trouble; but the condition is almost precisely the same as that which I have just described. With her, menstruation is very profuse, too frequent, and accompanied by intense pain, this pain also preceding the period for nearly a week. The result of it all is that, for the best part of each month, she is an absolute invalid, and she and her brother, an extremely intelligent gentleman, with whom I had some conversation, are strongly of opinion that her sufferings are increasing instead of diminishing. The age here is an important factor in the case, for one would not be inclined to advise operative proceedings at 44 for a chronic inflammatory condition, were it not that the appearance of the patient and the description of her sufferings, and her assertion that they are on the increase, incline one to put it to the patient that she may herself decide. After consultation with Dr. Roberts, therefore, we decided to put it entirely to the patient and her friends, that if she was under the impression, and they shared her opinion, that her sufferings were increasing, and she was prepared to take the risk, which must inevitably be attached to the operation, even though that risk might not be great, in order to obtain relief from suffering which would last some three or four years yet, an operation should be done. She and they must decide the question, and upon their decision we are prepared to act.

This remarkable and extremely interesting group of cases is proof alone, if any proof were required, that such suffering women are by no means as rare as has been represented. Within a radius of a few miles of this little Welsh town, six cases, in all of which the propriety of operation is a perfectly legitimate discussion, have been collected in a few hours for me to see, and certainly operation is, in my opinion, demanded in four out of the six, and, probably, may be required in a fifth. The explanation, therefore, of the utterances of some who hold different views from my own in this matter, is not that cases are rare, but that it wants the skilled fingers to find them. I think it only just to my colleagues, Drs. Roberts and Dr. Richard Jones, to say that, in all these cases, they had arrived at conclusions very closely resembling my own before I saw the patients, so that I had but little to do except confirm the diagnosis previously expressed in each case.

[November 25th, 1886. Four of these cases were submitted to operation, the diagnosis in each being found substantially correct. All recovered, and are progressing towards convalescence.—L. T.]

TO CONTRIBUTORS.

OUR contributors are reminded that prolixity is a great bar to publication, and, in consequence of the constant pressure upon space in every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early publication. We are compelled to decline or hold over indefinitely a great number of communications, chiefly by reason of their unnecessary length.

BRITISH MEDICAL ASSOCIATION.

FIFTY-FOURTH ANNUAL MEETING.

PROCEEDINGS OF SECTIONS.

THE DESIRABILITY OF THE EARLY PERFORMANCE OF LAPAROTOMY IN CASES OF ABDOMINAL PREGNANCY.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Brighton.

By WILLIAM THOMPSON LUSK, M.D., New York.

I SHALL take the liberty of prefacing the discussion of the question I have selected for consideration by the recital of the history of the case which furnished the starting-point of inquiry. For those features of the history not directly derived from personal observation, I am indebted to the very intelligent accounts furnished me by Drs. Mead and C. F. Barker, who supervised the patient when at her own home in Michigan.

Mrs. B., aged 35, married fifteen years, menstruated regularly and normally until the last of October, 1883. On October 24th, which was about the time the period was expected, Dr. Mead, the family physician, was called to see her, and found her suffering from severe abdominal pains, of a paroxysmal character. On each of the two following days, she had an attack of severe paroxysmal pain in the abdomen and in the right side, lasting nearly an hour, and succeeded by profuse perspiration and great prostration. These attacks were unattended by fever or abdominal tenderness. On October 27th, Dr. Barker, in the absence of Dr. Mead, was summoned in great haste. He found Mrs. B. sitting upright in bed, dripping with perspiration, and suffering excruciating pain, of a lancinating and cramp-like character, and seated chiefly in the right ovarian region, from whence it radiated over the entire abdomen. On examination, he found the uterus prolapsed and crowded to the left side. The paroxysms lasted two hours, growing gradually lighter, and finally disappearing, leaving the patient prostrated and nervous. Similar attacks occurred on November 6th and 7th. Mrs. B.'s condition thenceforward improved, so that, by the middle of December, she was able to ride out each day. She experienced some difficulty in locomotion, with a tendency to fall, owing to weakness in the pelvic articulations. Previous to this time, Dr. Barker had informed her husband that his wife was probably pregnant.

In February, 1884, Dr. Mead resumed the charge of the case. Mrs. B.'s health was then excellent. Her confinement was expected in the latter part of June, or early in July. At the usual time foetal movements became perceptible, and continued till the last week in June. On July 17th, there was a bloody vaginal discharge, and a few feeble pains were experienced. There were no other signs of labour. A careful examination convinced Dr. Mead that the uterus was empty.

In doubt as to the nature of the external tumour, Dr. Mead went with his patient, in September, to a very eminent gynaecologist, in one of our large western cities, who expressed himself with great positiveness as to the absence of extra-uterine pregnancy, but stated that, without doubt, the tumour was a cysto-fibroma, situated in the posterior uterine wall.

After the death of the foetus, the patient's condition remained unchanged, with the exception of the usual diminution in the size of the abdomen. In the latter part of March, 1885, Mrs. B. came to New York for further counsel. She called upon Dr. Fordyce Barker, who at once recognised the existence of abdominal pregnancy. Through Dr. Barker's courtesy, the case was likewise seen by Dr. Thomas and myself, who were in full agreement as to the diagnosis. As the patient's health was good, she was allowed to return home, with permission to remain until autumn, unless meantime any considerable disturbance of her health should become manifest. With