for her future life, for her menstruation was normal, and her uterus quite as it should have been. But in December 1880 she came to me on account of increasing menstruation; and I found that the fundus was enlarged, and in all probability the seat of another myomatous growth. In April 1881, matters were much worse, and I then proposed to her the more complete operation for the cure of her disease—removal of the uterine appendages. She was quite prepared for anything, but the consent of her intended husband had to be secured for the proceeding; and here a difficulty was encountered. In spite of my assurance that with a myoma she had little or no chance of being a mother, and that with the increasing hæmorrhage she had little chance of surviving her marriage more than a few months, my advice was rejected, and she was taken to London for the opinion of a distinguished surgeon there. I am informed that his advice was that nothing should be done, as the tumour was small, and would probably never trouble her, and that she might be married. She married in June, and died of hæmorrhage in August.

In the same period exactly which limits the history of this case, I had another under my care, sent to me by Dr. Law Webb of Ironbridge. She was thirty-two years of age, and had suffered from profuse menstruation for about twelve months, when I first saw her in February 1879. I found the cause of the hæmorrhage to be, as in the first case, a small myoma. I enucleated it also, and she made a very tedious recovery. Up to January 1881, she remained perfectly well; but she came back to me in August last with all the old symptoms, and I found another myoma. On August 25th, 1881, I removed the appendages, and she made a speedy recovery. On January 30th, 1882, she came to see me, looking very well, expressing herself as being much stronger; and she told me that there had been no return of menstruation. The last interview I had with her, in June last, was to discuss the question of her marriage. The tumour had become greatly reduced in size; and as she was entering into the married state with full knowledge, in the case of both parties, that she could never be a mother, I could see no objections to the step, and it is about to be taken.*

The lessons from these two cases are: first, that hæmorrhage due to a myoma may be fatal; second, that enucleation of a tumour is often not a successful operation in its secondary results; and this fact, together with its enormously high primary mortality, is quite enough to condemn it.

The series of cases I have already published prove conclusively: 1. That the primary mortality of removal of the uterine appendages for bleeding myoma is very small, and is limited to those cases already so reduced by loss of blood as to be practically unable to withstand any surgical proceeding; 2. That the secondary results of the operation are extremely satisfactory, and are permanent, the arrest of the hæmorrhage being followed by the shrinking of the tumour, and in many cases by its complete disappearance.

The objections to the operation, so far as I have seen them, are only two. (a) It deprives a woman of her sexual powers. This is proved on all hands to be incorrect; but even if it were true, nothing could be more immoral than to refuse to relieve a suffering woman on such a plea. (b) It is argued that it completely destroys the possibility of maternity; but the answer to this is, that the chances of a woman suffering from uterine myoma becoming a mother are infinitely small, and if she should become pregnant, she runs a most serious risk of her life.

Dr. SUTTON (Pittsburg, U.S.A.), in response to a call from the Chairman, said that, coming as he did from the country where ovariectomy had its birth, and where Battey had more recently re-introduced the operation for removal of the ovaries, he knew well the difficulties which surrounded the introduction and advocacy of a new operation. He had, during his stay in this country, had the opportunity of seeing Mr. Tait's operations; and although he did not, of course, know what the ultimate result might be, he was able to say that patients recovered from the operation perfectly. He should go back and tell his countrymen that he considered Mr. Tait's operation was worthy of their acceptance, and he recommended them to give it a full and fair trial.

* She has now been married some months, and is in perfect health. The tumour is about one-third of the size it was at the time of the operation (December 20th, 1882).

KING'S COLLEGE, LONDON.—The Right Hon. Sir John Mowbray, Bart., M.P., D.C.L., has consented to preside at the annual dinner of associates and students, to be held in the College Dining Hall, on January 17th, 1883. Gentlemen wishing to be present are requested to communicate with the Honorary Secretary of the Committee, Mr. H. Courtenay Luck, at the College.

ON MEDICAL LIFE-HISTORIES.*

By F. A. MAHOMED, M.D.,

Physician to the London Fever Hospital; Assistant-Physician to Guy's Hospital.

GREAT as our advances have been during the last half century, I suppose that all of us will agree that our knowledge of medicine at the present time is painfully deficient. I say advisedly of medicine, for our advances in surgery have been far more satisfactory. Here we are dealing with more tangible things; surgical diseases are on the surface or within reach; we can see them, handle them, remove them. The physician only obtains outward and visible signs, from which by an elaborate mental process, founded on past experience, he deduces his diagnosis of an inward invisible disease.

Now I would ask you to glance for a moment at the present position of medical science. Our diseases may be roughly divided into three great groups:

1. Acute diseases, with organic changes (including the specific fevers).
2. Chronic diseases, with organic changes.
3. Functional diseases, without organic changes, but often preceding or forewarning of them.

Our knowledge of disease has been obtained almost entirely from hospital experience; from that we have learnt much.

1. With regard to acute diseases, we can recognise their nature, we know their usual course, we can estimate to some extent their severity, we know their special dangers, and we have more or less well ascertained rules to apply which enable us to guide a patient through them with the least possible risk.

Concerning the specific fevers, we know how most of them are propagated, though we still know next to nothing of their ultimate cause. There are three diseases which are more or less specific—by that I mean propagated by germs—of which much less is known, *i.e.*, diphtheria, acute pneumonia, and ulcerative endocarditis; the first two of these are being at present investigated by the Collective Investigation Committee. These specific diseases we now class together as preventable, because we recognise their means of propagation, and can therefore, to a large extent, stop their spread among the population. When we have discovered their cause, we shall still more rightly call them preventable.

Another class of acute diseases—such as pleurisy, peritonitis, meningitis, pericarditis, and enteritis—usually occur as an extension of disease from other parts, as the results of injury or of some known blood-poison, such as pyæmia, rheumatic fever, uræmia, or some specific fever; they are rarely primary diseases, more commonly they are complications. They are, occasionally the manifestations of some obscure and unknown blood-poison (such as sewer-gas), and from this point of view require much further study; but this aspect of the disease can only be studied in the patient's home, and not in the hospitals to which they are removed; it is therefore a very proper object for collective work.

With regard to other acute diseases—such as bronchitis, nephritis, gastro-intestinal catarrh—we have yet much to learn about their causes, and why they should attack some individuals more frequently than others. Many of them are manifestations of what are called "general" or "constitutional" disorders, such as rheumatism and gout. Of the real pathology of these diseases we know next to nothing; most of them appear to be due to disordered function, though they frequently produce chronic organic changes; we have a good deal of loose unformulated knowledge concerning them, but our facts require to be carefully collected, collated, and laid before us in definite shape. How various, and often contradictory, are the opinions held about the pathology and treatment of such a common thing as gout. No more valuable work could be undertaken than that of defining our knowledge on these subjects. Our committee has already commenced on one of them, and we may hope in time to take up others.

2. We next come to the great class of chronic organic diseases. The advance of our knowledge concerning them has been enormous; but to what has it brought us? We now have the means of diagnosing most cases of advanced organic disease. That is to say, if our patient has a greatly cirrhotic liver, an advanced disease of his kidney, an extensive disease of his lung, a generally irrecoverable disease of his brain or spinal cord, it is our privilege to inform him of the fact. We may perhaps advise him how to live, that he may prolong his life to the utmost; but, if he asks us to cure his disease, we have to tell him that that is now impossible. But these chronic organic diseases do not come in a day; the health of such a patient must have been for long impaired; the disease must have been preceded by characteristic minor

* Read at a meeting of the Birmingham and Midland Counties Branch.

ailments, or functional disorders; and, if we could have recognised their meaning, we should have been able to foretell what would happen, and by changing the habits of life or the environment of the patient, and possibly by the help of other remedies, we might have been able to arrest its course, or entirely have prevented it. Our efforts in this direction would be greatly aided by an accurate knowledge of the individual's family history, and of his past illnesses. To obtain a systematic record of these details for all our patients must be one of our future objects. Such records as these will afford us knowledge that will enable us to practise preventive medicine, in relation to this, the largest and most fatal group of all diseases which come under our observation—the chronic organic diseases. At present, we are almost powerless in their presence, though so frequently asked to fight with them for the lives of those who entrust themselves to our care.

The hospitals have done their share to help us; it now remains for the practitioners of medicine, who see the beginnings of disease, to do theirs; and to unite together to watch and record the life-histories of diseases; for it is the practitioners who first see the little leaks, which will expand till they sink the ship.

3. Concerning our third class, that of functional diseases, we know scarcely anything. They are rarely seen in hospitals, except among the out patients, where they cannot be studied; here they pass before us, their past unknown, their future untraceable. All that we know concerning these diseases, is some more or less satisfactory experience as to their empirical treatment. It is true that many careful observers, after long experience, may have detected certain relationships of these minor ailments to more grave diseases; they may have known them as marking a family predisposition or an acquired vicious habit; but such observations as these require a lifetime to make them, when they are limited to the experience of an individual; and, although the mental note may have been made, the permanent record in black and white has been omitted—so that, if the observer records anything, he records only the impressions of a life-time; but he lacks the accurately detailed facts necessary for the proof and acceptance of a new doctrine.

These observations we now ask of you to unite in making; and the best efforts of this Association will be given to making the method easy and the labour light. I may say that our committee has in preparation a scheme, which it will shortly bring before you, for encouraging patients to keep carefully prepared records of their lives and of the chief incidents therein, both medical and otherwise. These records would prove of very great value, alike to the patient, to the doctor, and to medical science. From them could be deduced, not only forecasts of disease, but warnings and guides for the conduct and preservation of life. In this scheme, we have the assistance of Mr. Francis Galton, whose valuable papers (in the *Fortnightly Review* of this year) on "Photographic Chronicles" and "Anthropometric Laboratories", shadowed forth the desirability, and indeed the necessity, of some such scheme. Closely allied with this will assuredly follow certain changes in medical practice, which are at present slowly, but, I believe, surely, advancing. I mean such a change as that advocated by Dr. W. F. Phillips of Andover—a system by which we shall be paid to prevent disease; not, as at present, called in to cure the incurable. We want to teach our patients how to live, to give them healthy surroundings, and to protect them from unhealthy habits and occupations; then to watch and treat their minor ailments; and so ward off, as long as possible, grave organic disease.

CASE OF TRAUMATIC ANEURYSM OF THE FACIAL ARTERY.

SUCCESSFULLY TREATED BY PRESSURE UPON THE FACIAL ARTERY WITH HARE-LIP PINS.*

By T. SYMPSON, F.R.C.S.,
Surgeon to the Lincoln County Hospital.

S. P., aged 31, a foundryman, was admitted into the Lincoln County Hospital on June 25th, 1882, on account of a pulsating swelling, the size of a walnut, in the right cheek, about an inch from the angle of the mouth, at a point corresponding to the course of the facial artery. The pulsation was easily stopped by pressure upon the artery on the proximal side of the swelling. No *bruit* was audible.

Three weeks before admission, while the patient was holding a punch which another man was hammering, a minute portion of steel flew off and entered his cheek, occasioning a small punctured wound, which bled freely. The hæmorrhage was readily controlled by pressure of a pad dipped in collodion.

* Read at a quarterly meeting of the Midland Branch.

On June 26th, at 11 A.M., one hare-lip pin was inserted beneath the proximal, and another beneath the distal portion of the artery, and a figure of 8 ligature was placed over each. Slight pulsation was perceptible in the sac immediately after the operation, but within four hours this had altogether ceased, and did not return.

June 28th, 11 A.M. The pins were removed. The swelling was firm and considerably lessened in size.

This patient called on me on September 11th, when I could discover only a very small amount of thickening in the former site of the sac, and was unable to detect any pulsation. It needed close inspection to make out either the cicatrix of the wound or the marks left at the points of entrance and exit of the hare-lip pins.

REMARKS.—This was obviously a good example of Erichsen's first variety of circumscribed traumatic aneurysm, concerning the treatment of which he says: "If the artery be small, and so situated that it can be opened without much subsequent inconvenience to the patient, as in the temple, or on the forearm, it should be laid open, the coagula turned out, and the vessel ligatured above and below the wound in it." Such a method of dealing with a traumatic aneurysm, resulting of necessity in the production of a large scar, would clearly be undesirable in an exposed part of the body, such as the face. I was, therefore, induced to consider whether a cure might not be effected by the employment of some milder means. Taking into consideration the free anastomoses of the arteries in this situation, and the chance, therefore, of the failure of pressure applied to the artery leading to the sac, to the sac itself, or to both the artery and the sac, I thought it best to attempt to arrest the circulation by means of hare-lip pins passed beneath the artery at its entrance into and exit from the sac. The fact of the tumour being well-defined and firm, and the skin over it of natural colour, showing that the tissues in the neighbourhood of the damaged artery had become condensed, led me to entertain a hope that this method of treatment would be attended with a satisfactory result, which hope, happily, proved well grounded.

OBSTETRIC MEMORANDA.

PLACENTA PRÆVIA: FÆTUS AND PLACENTA MUMMIFIED.

THE following are short notes of a rare and interesting case of pregnancy, terminating with labour.

Mrs. C., aged 43, the mother of eight living children, her first confinement being a case of twin labour, and with the history of one miscarriage at the fourth month, consulted me for hæmorrhage from her womb, which I diagnosed as the result of placental presentation, she then being six months advanced in her pregnancy, which had appeared to her quite natural till this date; but, as the hæmorrhage had ceased when I saw her, and had not been excessive, I ordered entire rest and a gallic acid mixture, and gave instructions that I should be sent for should it again occur; but I heard no more of my case till after nine months of her pregnancy had passed. I was then sent for, as she had not been delivered, and had greatly decreased in size; consequently, she became very anxious about her condition. I then learnt that she had several times, since I saw her, had a slight hæmorrhagic discharge, chiefly during the seventh and eighth months of her pregnancy, and at this latter period lost a quantity of water, and then imagined labour had commenced; but no pains followed. From this date she rapidly decreased in size, her breasts also becoming much smaller; slight hæmorrhage again occurring weekly; and on two more occasions water had passed from the vagina. On examination, I found the abdomen and breasts flaccid, the uterus appearing scarcely larger than it should do at the fourth month; and, on vaginal examination, which caused only a slight hæmorrhagic discharge, the os was only sufficiently open to admit with difficulty one finger, which came upon a fleshy mass, which felt very much like a fleshy tumour; consequently, I determined to thoroughly dilate and explore the uterine cavity on the following day; but, being sent for early the next morning, on my arrival, found the placenta, membranes, and foetus (a male) expelled *en masse*, perfectly mummified; and, on opening the membranes, which contained scarcely any liquor amnii, I noticed the foetus' head much flattened.

Her delivery was due, undoubtedly, to my examination on the previous day, and was very easily accomplished, with scarcely any hæmorrhage or pain, and from this time she made an excellent recovery. She attributed the death of her offspring to a fright which she had experienced early in her pregnancy.

HAROLD THOMPSON, M.R.C.S., L.S.A.

Oxford, December 4th, 1882.