lead from ignorance to perfect knowledge, minds that might have continued to be busied and puzzled with the unsettled problem of the circulation, would be set free to engage in other and more profitable inquiries; that no one could henceforth devote himself to the study of any matter relating to the physiology of the human frame, but must own himself in some degree his debtor; that every physician every time he felt a pulse, would have a more intelligent appreciation of its indications, every surgeon who should staunch a hæmorrhage, or tie an artery, or perform an operation, would do it with a firmer hand, in consequence of his discovery of the circulation.

And these annual orations!—may we not venture to hope that in as far as, year by year, they faithfully portray Harvey, in his studious youth, busy manhood, and serene old age, they promote the objects he had in view, supplying with motive, example and encouragement, all who are now striving to render the life that now is longer, healthier, pleasanter, happier, by manifold methods of cure, palliation and prevention; in full assurance that true knowledge is real power; and that, if we make the discovery of truth our motive, and use intelligent industry as our means, we shall not miss some portion of that rich reward which fell in unwonted measure to the lot of him whose “immortal memory” we honour this day, for this among other reasons, that he conferred upon us, in the full practical sense of the words, the *Discovery of the Circulation of the Blood*.

POSTSCRIPT.—It will be seen that, throughout my Harveian Oration, as now published, I have abstained from the use of notes; for I was anxious to present to the reader a continuous unbroken text. But it is the more necessary that I should acknowledge the obligations I have incurred to the elegant and scholarly translation of the works of Harvey made for the Sydenham Society by Dr. Robert Willis. It is his English version that I quote throughout.

For facts and dates relating to the life of Harvey, I am indebted partly to the same source, and partly to the *Roll of the Royal College of Physicians*, compiled by our learned librarian Dr. Munk.

What I have said on the subject of Harvey's belief in the efficacy of the hand of a corpse, and on the origin of the inquiries which led to his discovery of the circulation of the blood, will be found borne out by reference to *The Works of the Honourable Robert Boyle*, published in six volumes quarto in 1772. The passages to which I have referred occur in vol. ii, p. 167 and vol. v, p. 427.

This handsome and complete edition of the Works of the Christian Philosopher will be found in the Library of the College.

CASE OF STERILITY FROM ANTEFLEXION OF THE UTERUS, AND CONSTRICTION OF THE INTERNAL OS UTERI, CURED.

By HEYWOOD SMITH, M.A., M.D.,

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OF all the causes of sterility depending on malposition of the uterus, that of anteflexion is the most frequent. Other malpositions of the uterus, except marked retroversion, leave the cervix uteri depending into the posterior original *cul-de-sac* in the dorsal decubitus; but in acute (I here use the word acute with regard to the angle, not time) anteflexion, the os uteri is lifted out of the posterior *cul-de-sac*, and placed in a position unfavourable for the imbibition of the semen. Anteflexion, dysmenorrhœa, and sterility, are three conditions so frequently associated, that, when a patient comes complaining of dysmenorrhœa, and is also barren, a vaginal examination more often reveals anteflexion than any other condition. And here it may be noticed that it is the dysmenorrhœa that causes the patient to seek for advice. Among the applicants for relief at hospitals, pain is that for which medical advice is generally sought, seldom barrenness. The latter is either considered a blessing, or women give themselves up to their fate, never for a moment supposing that such a condition is remediable; whereas among the upper classes, when property or name are at stake, medical men are more frequently consulted for relief from barrenness; and in such cases, pain not necessarily being an element of complaint, the sterility may be found to depend on many causes other than flexion. It is therefore, perhaps, more among the poorer classes that favourable results, as far as sterility is concerned, may be looked for from operation and treatment for the cure of anteflexion, and for the relief of obstructive dysmenorrhœa.

E. S., aged 29, married six years, became an out-patient at the Hospital for Women, February 20th, 1871. The catamenia commenced at the age of 18; they were regular, with some pain generally before the flow. The passage of a thick sound before the period lessened the

pain. She was admitted into the hospital on July 3rd, 1871. The uterus was normal in size; a thick sound could be passed after some gradual pressure, and the constriction held the sound rather firmly. On July 13th, Dr. Protheroe Smith's uterine dilator was used to half an inch. On the 17th, the dilator was used to three-fourths of an inch, and the constriction at the internal os divided bilaterally with a straight knife, as well as the external os slightly, and a spring metallic (Greenhalgh's) stem introduced. On the 19th, the stem was extended half its length, with some forcing pains, and was replaced. On the 23rd, the patient was free from pain. A slight blood-stained discharge continued. On the 26th, the stem was removed; and on July 31st, the patient was discharged.

In April of the following year (1872), she was seen again. The external os was divided a little more freely, and the spring stem again introduced. It remained in altogether nearly three weeks. The patient continued under observation from that time, the thick sound being occasionally passed until conception took place, after the catamenia of November 13th, 1873; and she was delivered of a living female child on August 31st, 1874.

The above case is given in order to encourage practitioners not to lose sight of a case after operation for dilatation of stricture of the internal os, because pregnancy does not immediately follow, but to persevere, by the occasional passage of the thick sound, to maintain the cervical canal in a state of sufficient patency.

Moreover, it often happens that, for some time after forcible dilatation, there may exist some chronic irritation of the cervical mucous membrane with or without granular inflammation of the labia uteri, which, giving rise to leucorrhœa of some form or other, may hinder impregnation. And here it may be well to insist on the necessity of not trusting to dilatation alone, whether by tents or by the introduction of graduated sounds, to enlarge the cervical canal. For if dilatation alone be had recourse to, its action is only temporary, for the uterine fibres are thereby merely stretched, as India-rubber might be, and, on the stretching force being intermitted, the cervix returns to its usual condition.

The dilatation must be associated with, and made subsequent to, incision of the canal. After incision of the cervical canal from within, which need not be extensive, dilatation then continues the incision with a slight rupture, and, this being kept from closing, the dilatation remains permanent. Many failures of this treatment are due to the external os being too freely divided, and being thereby rendered too patent; the act of imbibition is greatly interfered with, if not altogether prevented. The object to be gained is slightly to enlarge the cervical canal, and, at the same time, not to destroy the orifice of the uterus.

TREATMENT OF HABITUAL DRUNKARDS.*

By J. W. EASTWOOD, M.D. Ed., M.R.C.P. Lond., Darlington.

THE subject of Intemperance, and the diseases specially produced by the free use of alcohol in its various forms, has occupied my attention, more or less, during the last twenty years. The different forms of insanity, or some morbid conditions of the brain, which have been produced by drinking habits, have especially come under my care. At the annual meeting of the British Medical Association, held at Newcastle in 1870, I read a paper before the Public Medicine Section, on “Intemperance in its Medical and Social Aspects”, when I strongly urged the appointment of a committee to examine the whole question. The difficulty which was found in obtaining men from different parts of the country to meet together sufficiently often to go into this subject seemed a serious objection, although there were not wanting those who by their special knowledge and devotion to the profession, were quite willing to form members of such a committee. I may here particularly mention Dr. Rumsey of Cheltenham, and Dr. Morgan of Manchester. Again, at the Birmingham meeting in 1872, I read another paper on “The Use of Alcohol in Health and Disease”. To those who have paid any attention to this subject, it will be obvious that during the last three or four years the great question of intemperance, and the proper use of alcohol, as well as the treatment proper for some of the individuals who suffer from its excessive use, have made rapid strides both with the public and the profession. It is not, however, this large question which I wish to bring before you now, but a portion of it which has recently been taken up by a committee of the Birmingham and Midland Counties Branch. This has reference to the treatment of habitual drunkards, and the committee recommend the different Branches to consider the subject for themselves. Before I saw this report, I intended to bring this matter before this meeting.

* Read before the North of England Branch.