tion, a deep gutter being made in front of the trachea, from which free drainage is secured during the process of healing."

These results are very interesting, and will doubtless lead to a further trial of this plan of dealing with certain forms of goitre.

I should also like to record a striking result which my friend Professor Anthony H. Corley was good enough to communicate to me. Bridget H., aged 18, a native of Dublin, felt her neck beginning to swell four months before. At the same time, she complained of violent headaches, recurring at the same hour every day, accompanied by flushing of the face, throbbing sensations in the tumour, and increase in its size. For about three weeks, she had great difficulty of breathing and some dysphagia, and, during the exacerbations, felt herself choking. She sought admission to Jervis Street Hospital to obtain relief in some form, soon afterwards; and before any operation was attempted, Professor Purser chanced to see her, and, viewing the very periodic nature of the attacks, suggested a trial of quinine. This Dr. Corley ordered in ten-grain doses. Almost immediately, the patient began to improve; in less than a week, all unpleasant symptoms had disappeared, and when discharged from hospital, six weeks after admission, the tumour had completely disappeared. The photograph taken on admission shows very great enlargement of the gland, especially of its central portion, which is about as big as an orange. The second photograph, taken six months after she left the hospital, shows the complete disappearance of all swelling. This case is remarkable and important, and would suggest a possible malarial origin of some forms of acute enlargement of the thyroid gland, and the propriety of trying the effects of quinine whenever the exacerbations evince a periodic character.

And now, gentlemen, in concluding, I have only to thank you for having so kindly listened to me, and to express a hope that I may not have too far trespassed upon your indulgence.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association,
held at Belfast, July and August, 1884,*

By CLEMENT GODSON, M.D., M.R.C.P.,

Consulting Physician to the City of London Lying-in Hospital; Assistant Physician-Accoucheur to St. Bartholomew's Hospital, etc.

THE SURGICAL ASPECT OF OBSTETRICS AND GYNÆCOLOGY.

GENTLEMEN,—My first duty is to express the gratitude I feel to those who have elected me your President. It is an honour bestowed by my professional brethren, and therefore its value to me is inestimable. I need hardly say that I hope to prove myself worthy of the proud position in which I am placed. I am sure you will all assist me in endeavouring to make the meetings of our Section successful. We are placed at some disadvantage, on account of so many of our brethren being prevented from associating themselves with us, by having to attend the International Medical Congress at Copenhagen, which immediately follows our meeting.

Nevertheless, we are fortunate in having abundance of material, and plenty of able and distinguished men to make use of it. We have two important subjects for special discussion: 1, "The Pathology and Treatment of Extra-uterine Fœtation," which will be introduced by Mr. Lawson Tait; 2, "The Treatment of Intra-uterine Disease, with special reference to the best Mode of making Applications to the Intra-uterine Surface." Dr. Atthill will introduce this discussion. Besides these, we have several papers on subjects of great interest.

The Address in Obstetric Medicine is not to be delivered by me, but by a distinguished practitioner of this country, Dr. George H. Kidd. I was going to say a distinguished obstetric physician; but he is described as consulting obstetric surgeon to the Richmond and Hardwick Hospitals, Dublin, and therefore I ought, perhaps, more correctly to say a distinguished obstetric surgeon. But, whatever his signification may be, we must all agree that the appointment could not have fallen in abler hands, and those who made it should be congratulated on their selection. As, therefore, I have not the address to deliver, my introductory remarks will be brief.

Last year, I opened in this Section the discussion on Porro's operation, and I contributed a paper on the subject, which comprised the

account of an operation performed successfully by myself, and a tabular record of all the cases which I had been able to collect. This year I contribute an appendix of operations which I have discovered to have been omitted, very few in number, and those which have since occurred. The true Porro's operations now number 146, with 64 recoveries and 82 deaths, a mortality of 56.1 per cent.

An eminent London surgeon, a sincere friend of mine, a man for whom I entertain the highest admiration and affection, remarked, on reading my paper, that he was very grieved to learn I was taking up surgery. It is in defence of this that I desire to say a few words. The department of our profession which I practice and teach is that generally called obstetrics and gynæcology. Is it possible to practise either the one or the other of these, without practising surgery?

Let us take obstetrics first. Is the delivery of a parturient woman medicine or surgery? The extraction of a child from the womb is surely as much surgery as the extraction of a stone from the bladder. The same means are required under the special circumstances of the case—traction by forceps, crushing, or cutting. Again, is the accoucheur to stitch up a laceration of the soft parts occurring during delivery; or, if he cannot acquire the services of a surgeon at the time, is he to leave it for a troublesome operation at a more remote period at the hands of the surgeon? If he sews it up at the time, it is almost certain that it will heal at once, avoiding a subsequent operation. But, it is argued that an accoucheur should be a physician pure and simple, he should not "dabble in surgery." Surely the argument is absurd and untenable. With these remarks we will dismiss obstetrics, and pass on to gynæcology. Take any modern book on this subject, which, no one will dispute, contains what the obstetric physician in his capacity of lecturer on obstetrics and diseases of women to a medical school has to teach. How much medicine is there in the practice of gynæcology? The practitioner who relies chiefly on medicine will find himself very much behind the times. And yet this is how we commenced, and how in our conservative medical schools we still stand. Take, for instance, my own hospital and school, St. Bartholomew's. On November 11th, 1858, the treasurer reported that, at a recent interview he had with the surgeons of this hospital, Mr. Lloyd excepted, he being absent from illness, those gentlemen had represented to him the necessity of some rule being laid down for the purpose of regulating the way in which such surgical operations as might be requisite upon patients admitted into the ward appropriated for the reception of females labouring under diseases of the womb, should be performed; and, after consultation with the surgeons, the treasurer was of opinion that such operations should be undertaken by each surgeon in turn, and that each surgeon should perform such duties for a period of three months at a time. Whereupon it was resolved: "That all such surgical operations as may be requisite upon patients admitted into Martha's Ward, shall be undertaken by each surgeon in turn, for a period of three months at a time." And the clerk was directed to forward a copy of this resolution to Dr. West (the physician-accoucheur), and to each of the hospital surgeons for their guidance. So strongly was this rule enforced that on April 14th, 1859, Dr. West was severely censured "for having taken upon himself to perform an operation of a surgical character upon a patient admitted into Martha's Ward." No alteration was made when Dr. Greenhalgh was appointed physician-accoucheur. It was decreed that the arrangements should remain the same.

But, on August 4th, 1870, "upon the recommendation of the Medical Council, it was ordered that, in lieu of the arrangement made by this Committee, November 11th, 1858, for the performance of the surgical duties in the ward devoted to the special diseases of women (namely, Martha Ward), the said duties should be in future entrusted to the fourth surgeon, assisted by the first assistant-surgeon; the fourth surgeon being surgeon to the ward, and the first assistant-surgeon being assistant-surgeon to the ward." And this is the rule that stands at St. Bartholomew's at the present time.

Our surgical colleagues are courteous and considerate to us in the extreme, and find no fault with us for doing such operations as we think fit in the treatment of our patients, so long as we abstain from abdominal section, and operations for vesico-vaginal or recto-vaginal fistula. But, as the law stands, we have no right to perform the very simplest surgical operation in our ward; and at any moment we might be charged and censured, as Dr. West was, if it were stated that we had removed a small vascular caruncle from the female urethra, or twisted off a small mucous polypus from the cervical canal. I have no fear of such charges being brought against us. We work together with the best understanding, and the most complete harmony. But we are, nevertheless, contravening the laws of the hospital; and this should not be.

The same kind of rule, which forbids our performing surgical operations, exists in other of our large London hospitals to which schools of

medicine are attached; and what is the consequence? Those on the obstetric staff are driven to seek appointments to special hospitals for the treatment of diseases of women, to gain experience to enable them to teach in their schools. We find Dr. Edis practising ovariectomy at the Chelsea Hospital for Women without a single death so far, and Dr. Wm. Archdecker Duncan removing the whole uterus for cancer successfully at the Women's Hospital, Waterloc Bridge Road; and these are the men who are not permitted to do anything surgical at the Middlesex Hospital, where they hold the appointments in the department of obstetrics and the diseases of women. This restriction makes their offices almost untenable, and, to say the least, excessively unpleasant. The special hospitals far surpass in abdominal surgery the great and ancient general hospitals of London, partly because the operations in connection therewith are not permitted to be performed by those who make a special study of the subject, who have to teach it, and who are watching the growth and development of abdominal tumours from almost their commencement. The American and continental gynaecologists who visit this country cannot understand it; they have no such arrangement. The consequence is, that they are attracted to the special hospitals, and not to our great general hospitals. And they find their way to our provincial hospitals, where this restraint is not placed upon the obstetric officers, and where, in consequence, we find these making a world-wide reputation for themselves. Take, for instance, Birmingham, Manchester, or Leeds.

I trust the time will come, ere long, when our London hospitals, to which the medical schools are attached which have such restrictions, will see their error. At the present time, there is no common agreement amongst them. At four, at least, King's College, University College, St. George's, and Westminster, there is no rule against the obstetric physicians performing ovariectomy. At the first named, Dr. W. S. Playfair has practised a considerable number of these operations, and happily without a death; while at the others at all events an average success has been obtained by the obstetric physicians, Westminster Hospital excepted, where Dr. Potter, although having the right to operate, prefers to act in conjunction with one of the surgeons, who performs the operation; and to this I can raise no objection so long as one has the option. What I ask is, that there shall be one rule for all the general hospitals. What is right and proper at one hospital is surely so at another. There should be no difference in their arrangements.

If an obstetrician be prohibited abdominal surgery, he must turn over to his surgical brethren obstetrical practice; for he cannot undertake a Cæsarean or a Porro's operation, and he cannot treat an extra-uterine foetation. He is not worthy of the name obstetrician; the old term *man-midwife* would be much more appropriate.

I have no desire to place a barrier upon the ordinary surgeons performing ovariectomy or any other surgical operations they may desire; but, so long as the arrangements of hospitals are such that the obstetric physicians are the recognised medical officers for the treatment of the diseases peculiar to women, do not hamper them with restrictions which prevent them from carrying out what belongs to this branch of practice. No one will deny that ovarian tumours, or myomata, are other than diseases peculiar to women! Obstetric physician is a bad term, it was applied to the office long before the word "gynaecologist" was framed; the latter includes all that specially appertains to women, and is, therefore, a more comprehensive and a better title.

I cannot do better than finish with an extract from the preface of Dr. Fordyce Barker's work on the *Puerperal Diseases*.

"At the present day, for the first time in the history of the world, the obstetric department seems to be assuming its proper position as the highest branch of medicine, if its rank be graded by its importance to society, or by the intellectual culture and ability required, as compared with that demanded of the physician or the surgeon. A man may become eminent as a physician, and yet know very little of obstetrics; or he may be a successful and distinguished surgeon, and be quite ignorant of the rudiments of obstetrics; but no one can be really an able obstetrician unless he be both physician and surgeon; and, as the greater includes the less, obstetrics should rank as the highest department of our profession."

NEW MEDICAL MAGISTRATE.—The Lord Chancellor has added Mr. T. H. Bartleet, F.R.C.S., to the commission of the peace for the borough of Birmingham.

PRESENTATION.—Mr. E. F. S. Green was lately the recipient of an illuminated address, accompanied by a very handsome presentation, consisting of a silver tea and coffee service, salver, etc., from the inhabitants of Alderton, Suffolk, and neighbouring parishes, of which he has been medical officer for the past seven years.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PUBLIC MEDICINE,

At the Annual Meeting of the British Medical Association, held in Belfast, July and August, 1884,

By CHARLES CAMERON, M.D., M.P.,

THE CHOLERA MICROBE AND HOW TO MEET IT.

HOWEVER disconcerting to us the conviction may be, there seems no escaping it, that one of the manifest destinies which man fulfils on this earth is to afford a happy hunting ground for myriads of humble organisms, which find in each of us their little world. This destiny we appear to share with the entire animal kingdom, for if, as Butler rather coarsely puts it,

"Big fleas have little fleas to bite 'em,
And these fleas lesser fleas *ad infinitum*."

—every mammal, bird, reptile, fish, insect, crustacean, and mollusc amongst us is the dwelling-place of a teeming population of minute beings. If these little creatures can think, each species of them is probably in its own eyes, as we in ours, the great central pivot round which the universe revolves, but to us they seem to belong to the very lowest scale of animated things, so low that, being in doubt as to whether to class them as animal or vegetable, to get rid of the difficulty we have coined for them a non-contentious name, and call them microbes, or minute living organisms. The invisible germs of these microscopic organisms swarm in the air we breathe, and in the water we drink. They are of countless genera and species, contending with and destroying each other in the universal struggle for existence. Some we utilise as slaves to make for us wine and beer, vinegar, nitre, and bread. Others constitute the great scavengers of the world, and ultimately resolve our refuse and ourselves alike into their original elements. Some multiply in our digestive track, harmlessly to ourselves, and probably with results contributing towards the various digestive processes with which they are found associated. Others we know only as our deadly foes—the unmasked causes of tubercle and septicaemia, of small-pox, hydrophobia, and malignant pustule. Others, so to speak, still on their trial, are strongly suspected of being the active agents in typhoid, diphtheria, yellow fever, dysentery, and a longish list of other maladies. And yet another set we know only by results; but, judging by results, we are forced to the belief that in all so-called zymotic diseases the ferment from which the group derives its name will be one day proved to consist of living organisms, and that, sooner or later, each of them will be dragged forth and identified in that fierce light which of recent years has been focussed on the field of microbe-life.

The latest disease-organism which has been introduced to the notice of the public is the cholera-microbe, and as a knowledge of the habits and peculiarities of these baneful invaders of mankind is of the first importance in connection with the defence of public health, I have thought that I could not better utilise the opportunity of addressing you, as President of the Public Health Section of the British Medical Association, than by briefly stating what is known concerning our most recent microbe acquaintance; and, considering the lessons which that knowledge to my mind suggests, as to the tactics with which we may most successfully meet the invasion which it is likely in a short time to make upon our shores.

Sooth to say, very little of a definite or satisfactory character is known about it. When, over a year ago, cholera was raging in Egypt, the French and German Governments, with an enlightened view of the responsibilities of Governments as guardians of the public health, which put to shame the policy of successive British Ministries, sent out each a commission to investigate the question of the causation of the disease. The chief of the German Commission was Dr. Koch, the man who first succeeded in cultivating outside the body the first discovered disease-microbe, the bacillus of cattle-anthrax, and who, later, demonstrated the microbe of tubercle, and proved its connection with the phenomena of tubercular disease. The members of the French Commission were nominated by M. Pasteur, comprised two of his most experienced and trusted assistants, MM. Roux and Thuillier, and was presided over by Dr. Strauss. Before setting out on his mission, Dr. Koch had been supplied from India with preparations of the intestines of persons who had died from cholera, and in their tissues he had observed colonies of a peculiar microbe, which he sus-