An Address

DELIVERED AT THE

OBSTETRICAL SOCIETY OF LONDON,

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BY

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MY last duty as President is one of almost unalloyed satisfaction. I have to record the events of another year rich in scientific profit, pleasing by the memory of agreeable meetings and friendly associations, prosperous even beyond our own high standard of prosperity in all that makes a learned society thriving, solid, and useful. Against the 31 Fellows lost to us by death or resignation, we have to count 65 new Fellows elected during the year. We now number 536 Fellows and 25 Honorary Fellows—a greater number than we have ever mustered hitherto; but not, I am well persuaded, the greatest number we are destined to see. Besides this accession to our Ordinary Fellows, we have had the satisfaction of enrolling five new Honorary Fellows; namely, Professor Hugenberger of St. Petersburg, and Professor Lazarewitch of Charkoff, in Russia; Professor Rizzoli of Bologna, and Professor Lazzati of Milan, in Italy; and Professor Simon Thomas of Leyden in Holland—men illustrious in their respective countries, and in the republic of science, which embraces all countries.

The losses we have sustained by death, although not light, are, happily, less considerable than those it was my duty to record last year. I regret that the scanty details which have reached me do not permit me to render due justice to the memory of those fellow labourers who have gone from amongst us.

[After giving obituary notices of the deceased Fellows, and referring to the eminent success of the Obstetrical Society's exhibition of instruments, Dr. Barnes referred to the catalogue which was before them.] It preserves, or will call to mind, most of the characteristic features of the exhibition. Amongst the most interesting of these are the copious illustrations of the history of obstetric medicine, showing how the present forms of instruments have been developed out of the first conceptions. In this manner, the progress of obstetric practice in different ages is exhibited step by step in the instruments, which are the actual symbols, often more striking and intelligible than written works, of the minds of the authors. Another remarkable feature is, the bringing under one glance the separate instruments and the sets of instruments used at the present time by different practitioners in different countries. Nothing could be more curious or more interesting than this picture of what I may call comparative midwifery. Parturition cannot differ so widely in different races or different countries. Why, then, should the means of aiding parturition be so varied? The answer must be, partly at least, in the traditional influence of different teachers and schools, which,

starting from different points of departure and seeing things from different aspects, have guided their disciples along particular roads. It is a singular illustration of the unity of truth, and of her power to guide aright those who seek her in an honest spirit, that these roads should all lead to the same goal, the alleviation of human suffering. This comparison of the means adopted by different persons to attain the same end, will tend—has already tended—powerfully to dispel the prejudices with which each school clings to its favourite doctrines, and to make each seek in the rest materials for self-improvement. I am firmly persuaded that this exhibition has tended more powerfully than any amount of literature could do to diffuse a more just mutual appreciation of our knowledge and practice; and that it is still pregnant with beneficial results, which will become manifest in the improvement of obstetric practice at home and abroad. A book speaks only one language. An instrument speaks an universal language, and needs no translation. An example has been given, which will, probably, be followed by our more purely surgical brethren.

Now, a few observations upon the work before us. It is true, material enough, and more than enough, to fill up the ordinary meetings of the Society has never been wanting. But it has always been felt that a great Society like ours, possessing members in every part of the kingdom and its most distant colonies, is expected to do something more than merely to hold monthly meetings for the reading and discussion of memoirs contributed by individual members. We ought to turn to account the great organisation we possess; to enlist the active services of all our associates in such scientific works as require the combined efforts of many observers dispersed over varied fields of observation.

We have already achieved something in this way. The magnificent success of our exhibition was greatly due to the zealous co-operation of our whole body. I have now to submit to you another project. Dr. Farr, of the Registrar-General's Department, whose labours in illustration of vital statistics are so well known, and whose practical sagacity is always directed to the end of making the facts accumulated in his office subservient to the lessening of human suffering, has invited us to aid in collecting information as to the various modes of treating the new-born infant in various countries.

Dr. Farr's object in this investigation—and it is one directly contemplated in the foundation of our Society—is to diminish the actual heavy mortality amongst infants. A well-directed effort to accomplish this end must, he observes, be based upon extensive and accurate information as to the main causes of the excessive mortality, and as to the various modes of managing infants at the earliest periods of life. In this latter respect, the most singular diversities exist, not alone in different countries, but even in different parts of our own country. Possibly some of these diversities may be accounted for, and may be reasonably justified, by diversities of race, of climate, and of other special conditions. Still there must be, independent of all these diversities, some universal laws of physiology which apply to all races and to all places, and which are often disregarded out of heedless submission to inherited customs. To show how far these departures from natural laws are the causes of infant mortality, and to establish sounder methods of managing new-born infants, is the task proposed. It is an honourable and useful task, in the prosecution of which our resources and organisation may be most effectively engaged. I think it will be felt by us all that it is no insignificant acknowledgment of the position we

have attained amongst the institutions of the country, that our aid should be sought in a work of such great national and human interest. The Council have resolved to undertake this investigation; and communications will no doubt be sent to every Fellow, inviting the cooperation of all.

One of those points which are peculiarly fitted for investigation by the machinery of a large Society, is the influence of epidemics upon parturition. Since our foundation, two opportunities have occurred of making observations in illustration of this question upon a large scale. In 1863, we had an epidemic of small-pox; and, during the year that has just run its course, we have had an epidemic of cholera. Now there are several interesting questions arising out of the reciprocal influence of pregnancy and epidemic diseases, which are as yet far from being solved. What is the influence of small-pox, cholera, scarlatina, typhoid, typhus, and relapsing fevers, upon the course of pregnancy, as in causing abortion, premature labour, the death of the embryo? What is the influence of these diseases upon the course of labour, upon women in the puerperal state? What is the susceptibility of pregnant or puerperal women to be attacked? What is the influence upon newborn children? In what manner—that is, by what agency upon the blood or the nervous system—do these zymotic diseases act? What is the resultant mortality? These and other cognate questions might receive important elucidation, if we could collect from all our Fellows the histories of any cases of pregnancy and labour complicated with zymotic disease which have come under their observation.

There is one question touching the scope of the functions of a learned society, upon which I desire to offer a few words. It has often been suggested that a scientific society might usefully guide professional and public opinion by expressing a collective judgment upon controverted points in theory or practice. The temptation to put forth decisions of this kind is sometimes great. But it is certain that such decisions can rarely be pronounced without danger of lending authority to error. It is, in the first place, extremely difficult to isolate a scientific question in medicine from its natural or artificial complications, to reduce it to the terms of a definite proposition that can be submitted to the suffrages of a body of men. In the next place, we have to remember that medicine is a progressive science. The doctrine of to-day is not the doctrine of yesterday; and to-morrow it is still less likely to be dominant. Yet we are all of us, more or less, under the thralldom of present doctrines. To commit ourselves to an absolute decision, must lead to one of two evils—possibly to more. We either subject ourselves to the contumely of seeing our judgment reversed when appeal is made to a more advanced tribunal; or, to the extent of our authority, we discourage and retard the re-examination of the question; and by so doing, of course, we discourage the spirit of original research.

Recognising, therefore, the imperative law that medical knowledge can never be perfect, howsoever closely it may on any given point approach perfection, it is wiser to abandon the attempt than to pronounce absolute and definitive judgments. The last word upon any medical topic will not be uttered in our time. But wise and just as this reasoning may be with regard to questions of medical doctrine and even of medical fact—for abundant experience shows that it is scarcely less difficult to determine a medical fact than a medical doctrine—it does not apply with equal force to the exercise of the function of deciding upon questions of ethics bearing upon the relations of medical practitioners to each other and to the public. Medical ethics form but a branch, or rather

an application, of those immutable laws of justice which have held wholesome sway over mankind in all ages. It is to maintain respect for these laws that all associations of men designed for good purposes have been made. A medical society would but ill fulfil its duty if it shrank from upholding in their integrity those rules of honourable conduct, by the scrupulous observance of which we can alone deserve and acquire the confidence of the world. I would therefore not venture to dictate limits to any man's researches, if conducted in an honest spirit; but I should not hesitate to denounce any flagrant departure from the rules of professional morality.

But I feel that I must not trespass with further reflections upon that indulgence which I fear I have sometimes abused. I now resign the chair to my successor and friend, Dr. Hall Davis. In his hands our commonwealth will receive no detriment. In retiring, a deep feeling of gratitude impels me to acknowledge, that whatever success may have attended my presidency is largely due to the generous confidence and ungrudging cooperation of the Council, and especially of our admirable Secretaries, and to the kindly support or forbearance of every member of the Society.

SPONTANEOUS ORIGIN OF ENTERIC FEVER IN THE MILITARY

PRISON, LIMERICK,

FROM AN OBSTRUCTED DRAIN UNCONNECTED WITH SEWAGE.

By G. K. HARDIE, M.D. Edin.,

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CASE I. Private J. H., aged 23, of five years' service, went into the military prison, at Limerick, May 15th, and was discharged June 25th.

On the night of June 26th, in barracks, he sweated profusely, and had rigors from 5 to 10 A.M. of the 27th; but did not come to hospital till 5 P.M. of the 28th. He had had headache and febrile pains since the rigors, with thirst, and bad taste in the mouth. He had not felt himself ill before the night of the 26th. Pulse 100; temperature 102°. On admission, he got a purgative of colocynth and rhubarb, which moved him once.

The next morning he had an emetic, and vomited a large quantity of bilious fluid. On the 30th, he was heavy and disposed to sleep. The orderly reported that this morning he noticed a red rash over the body, which disappeared on exposure to the air. The tongue was cleaner; the mouth tasted better; thirst was less; the appetite better; the bowels had not been moved; gurgling was felt in the right iliac fossa. He had a recurrence of rigors after the visit, and sweated continuously till next day. He had sweated every night up to the 30th; the skin perspired greatly all through his illness.

On July 2nd, two rose-coloured lenticular spots were seen on the left lower side of the chest and on the left hypochondrium; successive spots were noticed from this date to the 12th, after which no fresh ones appeared. The eruption was virtually gone on the 15th; the bowels were confined for ten days, from June 30th to July 9th, when he passed a copious, soft, but natural, stool. Gurgling in the right iliac fossa was several times noted during this period; the skin perspired copiously; he slept much, though frequently complaining of being disturbed by noise.

He ate well, and was making satisfactory progress, until the 16th, when the pulse and temperature rose,