ADDRESS

ON THE

PROGRESS OF OBSTETRIC MEDICINE
AND EDUCATION.*Delivered at the Obstetrical Society of London.*

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Society of London; etc.*[Abstract of the President's Annual Address.]*

GENTLEMEN,—At the commencement of a new year in the proceedings of every Society, it is the duty of the President to report to the Fellows upon its condition, progress, and prospects; and it is not my intention to depart from so good a custom, more especially as in the case of this, the Obstetrical Society of London, although not of many years' growth, its Fellows have ample grounds for congratulation, and for encouragement to renewed exertions to promote its continued prosperity. Our progress up to this, the commencement of the tenth year of our history, has been indeed one of a success not surpassed, if equalled, our age being considered, in the annals of any other society.

In the eight volumes of our *Transactions*, and in the ninth volume, which will shortly be placed in your hands, abundant evidence is furnished of the great value of this Society in collecting from an extensive field of observation, and diffusing it far and wide over the profession, practical experience of the greatest value.

The institution of this Society, and its satisfactory working, have been the means of associating together a large number of our professional brethren in a fellowship having for its special object to improve, and to extend with more rapid advances than heretofore, the science and practice of obstetric medicine in its fullest sense. Previous to the establishment of this Society, how vast was the amount of practical knowledge in the possession individually of a host of intelligent practitioners, left unutilised, so far as the general good of the profession and the welfare of the community at large were concerned! This waste of experience was due to the want of those opportunities which, through the agency of their obstetrical societies, had been long enjoyed by our brethren in other parts of the British dominions and in the chief cities of continental Europe. Thanks, however, to the founders of this Society, and to those who had given their active and hearty cooperation in its foundation, that great defect in our medical system, which our department had so long suffered from, has now been most successfully remedied, and thus a most signal service has been rendered to the profession and to society generally.

One object of an Obstetrical Society should be to use its best efforts to enlarge the opportunities of education in that department of knowledge among those who are training, in our medical schools, for the practice of their profession. It was only fair to admit that much has been done of late years by our hospitals schools and by the examining boards to improve medical education in its relation to obstetrics; but it must also be conceded that even now too small a proportion of time and opportunities is given to the study of obstetric practice, more especially when we consider how important a part that branch of medical practice plays in the professional pursuits of the general practitioner, and when we reflect how sudden and urgent often are the calls upon his judgment, his skill and self-possession; and how sad the results are, if he is not possessed of the knowledge which would enable him to rescue his patient from her state of peril. I am sure many examples in illustration from practice will suggest themselves to you; but we may take, as an instance, a case of pregnancy complicated by placenta prævia and its attendant floodings. Not many weeks ago, such an example was brought immediately under my notice. A succession of floodings had been permitted before proper aid was sought. Delivery was gradually but with facility effected by version, and the hæmorrhage thus permanently arrested; but so great was the patient's prostration from the profuse hæmorrhage she had had already to bear, that the utmost that could be expected in the case was a slow recovery, leaving the patient, if she ever should regain her former health, much enfeebled, and predisposed to ailments for a long period. In less urgent cases, much unnecessary illness and protracted suffering have ensued from an absence of adequate clinical knowledge. In consequence of this, the true features and necessities of the

patient's case have not been recognised; and the appropriate treatment has not, therefore, suggested itself to the mind of the practitioner. It is true that now for some few years the English College of Surgeons has instituted a special diploma in midwifery and its allied subjects for voluntary candidates; but, since only comparatively few volunteers for that distinction offer themselves, the desired object of encouraging a diligent study of obstetric science and practice is very inadequately fulfilled. The required remedy is, so to arrange the student's time, uninterfered with by other clinical work, as to enable him to qualify himself by such clinical opportunities as hospitals should afford. Then I would suggest that all candidates for the diploma of the College of Surgeons should be examined as to their practical knowledge of obstetrics, in the same way as candidates have to undergo that ordeal at the University of London and the English College of Physicians; but, should any candidate wish for especial distinction in that branch of practice, he might be permitted to submit himself to a higher examination for honours. By such a course only could the obstetric practitioner be indeed properly qualified for those trying and responsible duties which he will have to undertake, often single-handed, when he enters upon the practice of his profession.

Other objects there are in which our Society may be usefully engaged; namely, through the action of committees, the collection of information from the profession on certain important points of obstetric interest requiring a fuller experience and elucidation. Such an one is the important question of the cause of the great mortality among young infants, humanely suggested to our Society by Dr. Farr of the Registrar-General's Department; and a committee on the subject is being formed by the Council for that inquiry.

I am glad to inform you that our numbers at the present date (Jan. 1st, 1868) are 588; *i.e.*, 27 in excess of our numbers in the previous year, and that 61 new fellows have joined us during 1867. Our Treasurer's report is very satisfactory. Thus, you see that, after satisfying all claims due at the end of 1867, our balance in hand is £180, as against £90, our balance in 1866. Our property in consols represents £1118, of which £100 was invested during the last year, as against £50 in 1866. The sale of our *Transactions* beyond the limits of our Society have yielded £81, against £51 in 1866.

Our new library and reading-room, I am glad to state, will soon be ready for the use of the Fellows at 291, Regent Street. For so early an occupation, and the comfortable arrangements provided, we are chiefly indebted to the active interest shown by Dr. Playfair, our honorary librarian. The weekly medical periodicals and quarterlies, and the principal foreign journals, will be placed on the table for the use of readers. Ample accommodation will be made for the reception and display of the obstetric instruments belonging to the Society, and for certain pathological specimens. Having now an established home for our books and other property, we shall expect to receive further donations; indeed, two handsome donations towards our library are already promised. It is, moreover, proposed to make purchases of the best modern works in obstetrics not already in our possession.

[The President then adverted to the quality of the papers and other contributions during the past year. He thought they would bear comparison with those of former years, and proceeded then to give a brief abstract of a few of the papers as specimens to be found in the new volume now nearly ready for issue. He then continued:]

The painful duty now remains to me of recording the deaths of those Fellows who, at the beginning of the year, were still associated with us. We have to lament the loss of six Fellows by death during the past year. Their names are as follows. Mr. James Reeves Traer died in Paris last April, aged 37. He was superintendent of Class 17; and obtained honourable mention for the excellence of his photographs of microscopic objects at the International Exhibition of 1862. He wrote a paper, "Sur l'Arrangement des Veines de l'Ovaire", published in the *Bulletins de la Société Anatomique*. At the time of his decease, he had held for a short period the office of honorary librarian to our Society. Dr. Howell Charles Phillips, Mr. George Robins, Mr. Joseph Ward, Mr. John Loane, and Mr. Samuel Smith of Leeds, were other Fellows who had died during the year. Mr. Samuel Smith died in November last, at the age of 77. He was, while a student, a private pupil of Sir Charles Bell; but he had also studied at Leeds and in Edinburgh. At the time of his death, he was senior of the three consulting surgeons at the Leeds General Infirmary, having been an active member of the staff, with honour to himself and advantage to the institution from the year 1819. He was also Surgeon to the Hospital for Women and Children at Leeds, and Lecturer on Surgery and Midwifery at the Leeds School of Medicine. We are informed, by a memoir of him which appeared in a medical journal from the pen of an old colleague, that he was greatly esteemed by his professional brethren in Leeds and its neighbourhood, and that those who wished to profit by his skill and large ex-

perience in consultation felt assured that their professional interests and reputation were perfectly safe in his hands. I have to add, that Mr. Smith was formerly on the Council of this Society, and at the time of his death was honorary local secretary for Leeds.

My next desire, gentlemen, is to return you my best thanks for your earnest and well directed endeavours to promote the welfare and usefulness of this Society; and to the honorary secretaries our cordial acknowledgments are also most undoubtedly due for their indefatigable and valuable services during the year. And now, in conclusion, let me venture to hope, as we have indeed reasonable grounds to expect, that our Society will be the means of knitting together, and firmly, the bonds of good fellowship amongst us, and, when our work is finished, amongst our successors for all time. That, in its abundant and valuable fruits, our Society will ever, in pursuance of its high object, continue to prosper for the good of those tender beings who have the strongest claim upon our sympathy, whose safety it should ever be our anxious care, if not our sacred duty, to watch over, help, and comfort, in their peculiar bodily afflictions and sufferings.

ARE THE TYPES OF FEVER LIMITED?*

By HENRY KENNEDY, A.B., M.B., Dublin.

THOUGH the subject of fever be one of great extent, I promise to make the following remarks very brief, and to avoid, as far as possible, ground which has been already trodden. My object now, in venturing to come before the British Medical Association, is to advance a few general considerations on the several types of fever. I have the strongest convictions that these types are much more mixed up, intermingled, as it were, than is commonly supposed, or than books teach. That they are more numerous, too, than the works on the subject describe, I cannot doubt; and I may give, as an illustration, the type of fever known as "gastric"—a type very well marked in itself, described by many English writers of the last and of the present century, and yet a type which seems to have died out, if I may so express it, in London and other cities; for I can find no notice of it in any of the recent works which treat of fever. How this is to be explained, it is not easy to say. With us in Dublin, it may be said to be always present, though it must be allowed to prevail much more at some seasons than others.

To this type of fever, then, known by the name of "gastric," I would ask special attention. Though often met as quite a distinct type in itself, and as distinct as typhus is from typhoid, it yet seems to me to form a connecting link, as it were, between the two. It would be quite out of place here to enter on a description of this type of fever. I shall only, then, state that the leading symptoms are, a red tongue, frequently sore throat, a desire for cold drinks, nausea, vomiting, pain on pressure over the stomach, and all these attended by a very prolonged fever, at least as long as typhoid. In very severe cases, too, the tongue will become quite dry, and there will be marked tympany; whilst the brain will be much excited. Now, within the last three years I have twice, at intervals, had occasion to note a large number of cases of typhus, as shown by the presence of a copious rash, where this gastric type of fever was also present. The duration of these cases was something remarkable, being far beyond the ordinary typhus. Here, then, was a striking fact, proving, as it seems to me, that these two types of fever may be conjoined, though usually quite distinct and separate.

But this gastric type of fever sometimes presented other features, showing how difficult it is to draw a boundary between one type of fever and another. Within the last year, measles prevailed much in Dublin; and in many cases, and before the patients had left their beds, was followed by an attack of gastric fever, which proved most obstinate. One of these I saw with Mr. McCarthy of Caple Street. The patient was a boy of nine years old. But it was not because gastric fever existed, that I notice it here, but because, during this fever, a well-marked eruption of typhoid spots made their appearance, and yet there was no other sign whatever of the ileum being engaged. The spots, I should add, were bright red, well defined, and limited to the abdomen and sides of the chest. Nor was this at all a solitary instance of gastric fever with typhoid spots. In a very prolonged case of this kind which I saw with my friend Dr. Johnstone, not only one, but two distinct crops of eruption appeared in the progress of the case. The rash might here have been taken as a model of what appears in enteric fever, and yet no

other symptoms of this type of fever existed. The bowels were much confined all through the attack. Another case, too, I saw with my friend Dr. Denham. It occurred in a boy of five years old, and was a very aggravated case of gastric fever. In its progress, when the boy was now ten days ill, a well-marked crop of spots, having all the characters of the typhoid rash, appeared. Yet, though looked for, not another symptom of enteric fever could be discovered. Lastly, I may allude to the case of a lady aged 27, whom I saw in the spring of the present year, in consultation with my friend Dr. J. B. Montgomery of Penzance. She was attacked with gastric fever in a very marked form. The nausea continued for the greater part of a week; and during the first two days there was diarrhoea; but the discharges were not characteristic of enteric fever, nor did it recur, though the fever ran out to the twenty-fifth day. When the patient was nine days ill, a very well marked typhoid rash appeared; but the spots did not exceed seven or eight altogether. Still they were well pronounced, and could not be mistaken. As it was thought advisable, a sketch of this case, but much fuller than that now given, was sent to an eminent London physician, who pronounced it to be one of "modified typhoid"; which, for my part, I must say, appeared to me an excellently chosen name, and bore out well, though coming from a London physician, what it is the object of these remarks to prove—viz., that the types of fever do not always exist as isolated types, in the way that books describe, but that it is by no means uncommon to find them conjoined, or the one gliding insensibly into the other. That this is so at times, as regards typhus and gastric fevers, I cannot doubt; neither can I doubt that gastric and typhoid may be met together; whilst the peculiar spots, on the presence of which so many place great weight as being characteristic of enteric fever, are, beyond question, not limited to that type of fever, as the cases alluded to this day sufficiently prove; and I could have given several others, had it been necessary.

In close connexion with the line of argument I have been pursuing, I may advert to the epidemic fever which prevailed so generally, and in so many countries, in the years 1847-8. With us in Dublin, it was essentially what is known as the relapsing fever; that is, it was made up of two parts. A sharp attack of ordinary fever, not presenting any special symptoms, occurred, and ran on for five, seven, or nine days; a complete lull would then occur, very often apparently brought about by perspiration. The patient would ask for food, and say he was quite well. But the improvement was only in appearance—not real; for, at an interval varying from a day to seven or even more, fever again set in, invariably of a much more severe character than the first, and running a longer course. It did not appear to me possible to look upon the two attacks in any other light than the one being but a part of the other. No other view, indeed, of the matter would have constituted the fever a relapsing one. And yet the two attacks frequently presented the most marked contrasts, not only in severity and duration, to which I have already alluded, but in the much more distinctive character of the absence of spots in the first, and their presence in the second part of the fever. In fact, a fever, beginning as an ordinary continued one, very frequently, after the lull, merged into genuine typhus, attended by a copious petechial rash. I know not that I could advance anything which, to my mind, would more conclusively prove that the types of fever are very much more united than is commonly thought; and that even the existence of spots, usually considered so characteristic of certain types of fever, does not prove the contrary. I shall be glad to hear the opinion of any gentleman on this special point.

In another and a very different aspect I would speak of this subject: I mean in relation to the morbid anatomy of enteric fever. It seems to me that writers have taken too narrow a view of it, when they speak of the affection of the lower part of the ileum and enlargement of the contiguous glands as being the essence of the disease. It is quite notorious that these morbid states frequently do not bear a relation with the symptoms present during life. I have seen cases where the morbid appearances were very slight, though not to be mistaken; and yet the fever was so severe as to cause the death of the patient. In fact, it was the fever that killed the patient, not the local lesion. Hence I am led to the conclusion—and it appears to me a fair one—that enteric fever is much more of an essential fever than is commonly thought; and that a patient may even die of this fever, and yet not a trace of morbid lesion be found after death. On the other hand, when the lower portion of the ileum is profoundly engaged, it seems to have been overlooked that it frequently does not constitute the whole of the disease. On the contrary, the colon has been ulcerated, and, in my own experience, more frequently far than was met with by Louis. In a specimen which I showed last winter, the ulcers in the colon predominated, though there were also ulcers in the ileum, and enlarged glands. The symptoms during life were those of well-marked typhoid fever. In addition to all this, Louis has shown that other parts of the intestinal canal, but more particularly

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