developed, is the sign of increased virulence in action, and all germs in a state of activity are endowed with motion. Whatever hinders motion retards germ-action, and so we are brought to see the force of those admirable lectures of the late Mr. Hilton, on the value of rest in surgical treatment. If anything in the world is antiseptic, it is rest.

But if concentration hinders catalytic motion, it is equally certain that dilution favours it, and thus sluicing the wound with water is eminently calculated to produce this end. But water does more than this; it devitalises the clots which are hanging from the cut vessels, and thus leaves so many foreign bodies to undergo septic change.

In the history of the antiseptic treatment you must have noticed how gradually some of the details which were originally considered essential to successful results, have lost a certain amount of importance, while other details have acquired greater prominence. Thus, as the spray has lost ground, more importance is attached to drainage and ligatures capable of absorption.

And it is noticeable also that of late more and more prominence is given to aseptic treatment. Thus, Dr. Cheyne, in his recent work, the most admirable and complete yet produced on the subject, says, "the method we have agreed to term the aseptic method of treatment, is nothing more or less than a series of experiments on the germ-theory of putrefaction. Experiments made with the object of rendering atmospheric dust inert before it reaches the wounds."

This statement, so far as it goes, is fairly expressive, but it is apparent that its scope is too limited. Aseptic surgery, meaning that which prevents putrescence in wounds, must mean a great deal more than is here stated.¹ For it has been shown already that wounds in which the germs have not been thus rendered inert, are still capable of being made to heal aseptically—and it may be fairly asserted that the aim of all good surgeons is and always was to produce an aseptic condition; though it was left to recent times to explain on what this condition depends. Much of the old treatment, moreover, was, as Mr. Cheyne points out, antiseptic, and there is perhaps no better or earlier instance of this than the oil or wine mentioned in the parable of the Good Samaritan.

With some show of reason is the complaint made, by Mr. Morris I think it was, that we might imagine before the Listerian system there was no surgery. It must be admitted that the system has appropriated to itself the whole domain of surgery—for we now find that it claims as antiseptic every detail of surgical procedure. But when these are said to be antiseptic, it is, in fact, only another way of stating that the aim of all surgery is antiseptic. That surgery is good only when it fulfils these conditions, and favours the healing of wounds.

Now, as germs only grow—for the most part at least—injuriously, in dead or putrescent material, the object of surgery must be to leave no nidus for them to grow in, and the more completely it fulfils this end the better and more antiseptic it becomes.

If we wish for an example of perfect surgery, we may take the gardener's art of grafting. Here is an operation, not performed "antiseptically," which yet yields an aseptic result, though the juices of the plant are as much exposed, and as liable, to the attacks of microzymes as are those of the human subject. This result is obtained by the wound being cleanly made without leaving any dead or foreign matter in it, the cut surfaces being perfectly brought together and maintained in a fixed position in a state of rest. If these conditions be fulfilled there will certainly be union, for there is no nidus on which germs can develop. If, on the other hand, there were vessels to be tied, sloughs to separate, clots of blood hanging out of cut vessels and devitalised by sluicing with water—said water commonly teeming with germs; if there were a bone to be sawn asunder, leaving the dust in the wound, and jagged edges to irritate the cut tissues; if the increased secretion of fluids, caused by this kind of irritation, were pent up in the wound; if the graft were loosely inserted, so that it could be blown about by the wind, leaving the edges of the wound in a constantly varying position, would the gardener, think you, look for a successful issue?

Similar conditions to those found in grafting are needful in surgical operations. There must be the clean cut; the thorough removal of all dead or decomposable matter, of all vegetated clots, and all sloughing tissues—the vessels closed by ligatures, which are absorbed; there must be perfect adaptation of surfaces and edges; and complete rest of all the parts until union is secure. According

to the extent to which these points are carried, will be the degree of asepticism.

In perfecting the details which aid in obtaining this result, no one, I suppose, has done so much as Mr. Lister, with his improved forms of ligature and drainage; to say nothing of his varied antiseptic appliances, and all the thorough cleanliness of instruments and surgical material on which he so much insists. Of these I need make no mention here, my object being to point out the mode in which we may explain the production of an aseptic result without the aid of the so-called antiseptic treatment; not that any of such aids are to be undervalued or neglected, but because if we once arrive at the *rationale* of healing under the simplest conditions, it cannot fail to help us to a better mode of dealing with the more complex.

From what has been stated, then, we may conclude that in all wounds the healing process depends on three conditions: First, the complete removal of all decomposable matter, so that there is nothing in which germs can develop. Next, that the fluids which of necessity remain in the wound should be so drained of their watery elements as to leave sufficient concentration as a bar to catalysis. And thirdly, since motion is the material excitant of ferment, absolute rest of the wounded parts tends to prevent effusion of fluids and to favour absorption, and thus helps to fulfil the second condition. Assuming that these three propositions are true, and that they are adequate to explain the healing of a simple incision, it is obvious that they must also lie at the root of all surgical procedures; and you will observe that this view in no degree opposes, but rather supports, the germ-theory.

In putting before you these crude and imperfectly digested remarks, I have purposely left out of view the method of Lister; not, you may be sure, as undervaluing it, for no thinking person can fail to see the enormous benefit which has accrued from it, but with the view of trying to show on what simple conditions the healing process depends, and how these may be insured. I am well aware how imperfectly I have succeeded in my endeavour, and I can only throw myself on your generosity to pardon those shortcomings of which no one is more painfully conscious than I am, and offer you my thanks for the patient hearing you have given me.

AN ADDRESS

ON

MODERN OBSTETRICS.

Delivered at the Annual Meeting of the Yorkshire Branch.

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GENTLEMEN,—Acknowledged talent, or respectable seniority, is the *ultima ratio* which guides us in the choice of a president for this and similar societies. The talented ones are few in number; the recognition of their gifts is slow; hence the advantage of having a second class from which to choose in case of need. Were talent and attainment the sole admissible qualification, the large majority of us would be hopelessly excluded. As it is, all things come to him who can wait, and any of us may hope in time to acquire such age and respectability as will lead to the presidency, should there happen to be a dearth of other and more valid claims. In the name of the respectable seniors I beg to thank you, very heartily, for the honour you have done them and me in choosing a president from their ranks, and to express a hope that, as the alternative of choice which puts them in possession is only an occasional one, the *prestige* of the chair will not thereby be seriously diminished.

Some philosophers assert that man has won his supremacy in the animal kingdom mainly by the saving grace of speech; by his superior power of communicating and perpetuating his slowly increasing stock of knowledge. To whatever extent heredity and surrounding circumstances might develop the admirable instincts of contemporaneous animals; they were ultimately left far behind in the race with man; because he alone, or in a far higher degree than they, could accumulate knowledge, diffuse it readily through the primitive communities which his gregarious nature led him to form; and hand it down to his successors as a starting point for further accretion. Be this theory of olden time a tenable one or not, it is unnecessary, in modern days, to dwell on the advantages

¹ I need not here do more than point out the real elasticity of the term "aseptic," which covers all the ground of healthy healing—from the prevention of putrescence to the complete exclusion of germs and their devitalisation.

which men, medical or otherwise, gain by taking counsel together. For ourselves—by associated work in our hospitals; by the joint labour of a teeming medical press, luxuriant to rankness if you like, but intensely vital; in our various societies, haunted though they be by repetition and common-place, we have an admirable apparatus for increasing, spreading, and perpetuating our store of information.

In this way, conjoint work has a twofold value. For, whilst it aids in the discharge of a duty which each medical generation undoubtedly owes to its successor—that of handing down an unimpaired, and, if possible, extended heritage of knowledge—it serves the more imperative and immediate purpose of bettering the equipment of all who are daily battling with disease and death. In fulfilling the latter object, there can be no doubt of the value of societies such as this. Where else shall we find so easy and pleasant a discipline; where, so varied and interesting a supply of information? There is always some uneasy, ardent, soul at work, tilling a corner of the medical vineyard, and inviting us to share the fruits of labour which we have been too tired, too lazy, or too dull to share. There is always an indulgent, sympathetic audience for the young member, who can back his careful notation by a good pathological specimen. Disease is no respecter of persons; in his early days he may chance on a morbid product in every way presentable. However unprofitable in the way of pelf, his field of observation is generally large and miscellaneous enough to furnish matter worthy of at least a passing record. Though he may have misgivings as to the value of his work to others, of one thing he may rest assured, viz., that in preparing a paper or case, or in noting the points in a specimen, he, at least, is a gainer; his own wits, at any rate, have been sharpened; those of others also, but he must not expect to hear of it.

The well-found practised observer can take care of himself; in the meantime, he is none the worse for the good-humoured criticism of a competent audience. Human nature, in its abounding conceit, ever needs a mentor to recall it to a juster and more modest estimate of its achievements. Even the work of our experts is the better for challenge and scrutiny. As to the greyheaded veteran, listening with sceptical interest to some new and erroneous view of an old topic, or noting the weak point in a novel attack on some ancient malady, he, too, finds his account in being present; for, whether he gains new light for himself, or mercifully helps in the general interest to extinguish a misleading will-o'-the-wisp; whether he witnesses some practical advance, or merely wiles away an hour in nodding to old acquaintances in the pathological tray; if he would keep clear of the mildew and rust of old age, he will do well to frequent the gatherings of his younger and more active friends.

In our provincial and local meetings, we cannot of course expect the keen discussion of advanced points, the exhaustive inquiries into special topics, which characterise metropolitan societies. Our rôle is an humbler one; I venture, however, to think that, within its proper range, it is equally useful. As the electrician gains intensity by adding cell to cell, so does advantage result from the direction into a given channel of a number of intellects, even though none be of the highest order. What the Royal Medico-Chirurgical, the Pathological, the Obstetric Societies are to leading spirits and special departments, such are local and provincial meetings to the rank and file of the profession—illustrative of, and helpful in the daily emergencies of practice. In this way, our meetings form trysts, which no one can leave without feeling that a stimulus has been applied, impelling him to fresh and clearer thought, and investing with renewed interest the task of his daily life.

Whilst our Association thus affords, in the meetings of its various Branches, recurring opportunities for the exchange of scientific thought and the promotion of good fellowship, it has imparted a unity, and power of combined action, to the profession, which it did not previously possess. This has already been repeatedly manifest, and will become more and more evident as the Association gains in numbers and cohesion. As yet, I think, we scarcely realise, and certainly do not fully use, the advantages which combination on a large scale brings with it. Much energy and time have necessarily been consumed in the detail of organisation. Now and then, the distribution of place, rank, and office has created heartburning, and the tumultuous young blood amongst us has grown restive under the guidance of those who have witnessed the birth, and fostered the youth of the Association. These ephemeral disorders are inevitable; in time, they will right themselves. We shall all be glad when our growing power and funds can be directed more definitely and exclusively to objects of common professional interest. Amongst these may be named the simplification and reduction of our absurd system of degrees and qualifications; the fostering of scientific in-

quiry by grants, prizes, and collective investigation; the combination for mutual defence and succour against quackery, adverse legislation, and poverty. We have, of course, standing committees whose object is to promote effort in these directions, but the interest of the members, as a whole, is by no means roused. When this has been effected, we shall find in our Association an instrument of great power in raising the status of the profession, both in its collective and individual aspects.

The address with which we commence the business of the year has one excellent peculiarity; it is exempt from discussion. The speaker is free to propound truth or heresy, to indulge in vague generalities, or trot out a favourite hobby. All is forgiven him, even dullness, provided only he be brief. On past occasions, whilst medical and surgical topics have received becoming attention, the ladies, I think, have not. I venture, therefore, to-day, to detain you in the department of obstetrics, whilst we glance briefly at a few of its salient and, I trust, progressive points.

Some, no doubt, will murmur. Fancy, out for a sort of half-holiday in the warm summer-time, and led back to our galley-oar in the lying-in room! Surely the mine is worked out. It is well known that every accoucheur is a past master at thirty, and needs naught but his own experience to draw upon. Let but a midwifery topic be introduced, and mark how each man will tell you what he has seen, and the marvels he has wrought.

Well, is the mine worked out? Are we really without hope or need of further advancement, where Smellie and Blundell and Ramsbotham left us? Surely not, with that big mortality bill, which includes one in one hundred and twenty of all women giving birth to children. Certainly not, so long as we are harassed by those qualms of conscience which the best of us have felt when a valuable life has passed through our fingers, at a moment when its value was more than ever apparent.

Promising all malcontents that labour shall be rapid and bristling with complications, permit me, first of all, a few words on the plague which haunts the whole domain of midwifery—*puerperal or childbed fever*—that factor which more than any other, by its frequency and fatal character, justifies the proverb of our German neighbours, "A lying-in woman has already one foot in the grave." Do we know more about it than we did? Can we treat it, or ward it off more effectually?

The old notion of this disease, or group of diseases, is embodied in the definition published in the nomenclature of the Royal College of Physicians: "A continued fever, communicable by contagion, occurring in women after childbirth, and often associated with extensive local lesions, especially of the uterine system." The new notion is, that it is no fever at all in the true sense of the word; that the "extensive local lesions" are at the bottom of the mischief; that the metritis, peritonitis, phlebitis, cellulitis, lymphangitis, or whatever "itis" or "emia" the unlucky certifier may choose, under which to mask the cause of that death in childbed which he has just had to report to the registrar—that all these conditions simply mark the track taken by a septic poison arising in, or introduced into, the parturient canal during or after labour.

And thus we have this formidable malady relegated to the same class as the septicæmic and pyæmic complications of general surgery, and we look to the same means of redress. Where shall we find, in the whole range of surgical accident or disease, a more ingenious arrangement for septic mischief than that which results from difficult and protracted labour? Think of the lymphatics of the uterus, enlarged by pregnancy, ready for their beneficent work in the involution of that organ, but ready also to take up the decomposing secretions of the bruised, abraded, lacerated tract, in and around which they lie. Think of the huge, blind-ended, deeply hidden sinus formed by the parturient canal—no; not a sinus, guarded as this often is by a barrier of protecting lymph, but a tunnel with damaged walls, pierced far down by treacherous badly-closed apertures through which disease-spreading germs and infecting ichor may make their way, along veins, lymphatics, and connective tissue, into the system of their unfortunate proprietor. And then the general condition of the patient—emaciated by pregnancy, fatigued to the last degree by recent suffering, and often enough with kidneys embarrassed in a way which we dread in the candidate for an ordinary surgical operation. How do we deal, in general surgery, with a mischief-breeding tract such as I have described? Cleanse, drain, prevent the entrance of septic matter from without; destroy it, if it arise within. Similar measures are becoming the watchword of modern obstetrics. Our safety lies in fastidious surgical cleanliness of patient, nurse, and doctor. Whether we adopt the fashionable antiseptic creed, or think that the bubble has

been pricked by a Birmingham pin; whether we believe the cause of the mischief to be the dirt-itself or the dirt-loving bacteria, we are coming to see that all must be scrupulously banished, and we are inquiring with increasing care into the best way of accomplishing this. One man trusts to soap and water, another swears by Condy's fluid or carbolic acid, a third shuts his eyes and takes a bath of iodine in his—well, in the smallest and handiest room of his house. The occasional value, in medicine, of a little hocus-pocus has been recognised ever since the days of Naaman. There are people who will wash in carbolic acid and water who will not wash in Jordan.

I am quite aware that a few of our leading obstetricians do not yet fully accept the septic theory of puerperal fever; that its contagiousness is urged, and its liability to be mixed up with erysipelas, scarlet fever, and other zymotic diseases. Let us see how far such objections hold good in the domain of general surgery.

What becomes of a surgical ward which gets overcrowded, or is used too long; when stumps grow septic, healing wounds reddened and loosened by erysipelas, or when scarlet fever creeps in to undo our pet resections? The inmates are liable to die poisoned, just as they do in an unhealthy lying-in ward. Making allowance for the presence in the latter of half-a-dozen of those interesting but dirty little animals called babies; bearing in mind differences in surroundings, and differences in the anatomy of the parts concerned, I believe there to be the strictest analogy between the causes of death in the two instances.

The most recent, and in every way the best classification of cases of puerperal fever, is into those by *auto-infection*, and those by *hetero-infection*. Now, does not such a classification hold equally good for a group of surgical cases going wrong? *Auto-infection*, where decomposing pus, or serum, or urine, is shut up in contact with living tissues; *hetero-infection*, by means of a careless dressing, the dirty teeth of a saw, or a hand still redolent of yesterday's *post mortem*. Can you suggest a more humiliating record than the one we should have if the recording angel would tell us how many men and women have been killed, in pre-Listerian days, by dirty sponges alone?

If surgical and obstetric poisoning be thus strictly analogous in their causation, so, also, are they in their antidote. For both, disinfection, isolation, rigid cleanliness.

When the idea has fairly taken possession of the professional mind, as I believe it will, that the phenomena of puerperal fever are mainly the surgical sequelæ of labour; when a more rigid antiseptic procedure has been introduced into the lying-in chamber, whether in the mansion or cottage; when the dirty, ignorant, "Sairey Gamp" type of midwife has been suppressed (of which there is now happily a prospect), and replaced by a trained woman, whose first lesson, for herself and her clients, is "Wash, and be clean"—we shall have a marked diminution in the death-bill of the first few weeks following labour.

There is even just a fear that, in adopting the newer view, we are in danger of forgetting that our old enemy has not changed his nature or tactics, but only his name. "This is a case of puerperal fever," said a medical friend to me lately, "but I think it is caused by a foul drain just outside." Good; we accept the drain-theory, if only it be recognised that the most dangerous part of the drain is its proximal end, the inside of the vagina and uterus. "Not puerperal fever," was the remark on another case, "but pyæmia following labour." "Not lying-in fever, I think," said a friend in another instance, "but blood-poisoning." Now, we do not care very much what the thing is called. By any other name, it would stink as badly, and kill as certainly. Let us only beware of being lulled into a false security by a change of name; let us use the fresh light, which this change indicates, in contending with an old and dangerous foe.

Leaving, now, our septic theory to its fate, there are other points in obstetrics where recent and useful work has been done; time, however, is pressing, and a mere glance must suffice.

In spite, then, of their fearful nomenclature, we have gained in our knowledge of distortions of the pelvis; we have a clearer appreciation of the condition of the uterus in obstructed labour, and the dangers which this condition implies; we have gained in the more frequent and earlier use of the forceps; in our safer management of the third stage of labour; in our extended use of version, especially as an alternative to high forceps operations; in our notions as to when and how to induce premature labour; in our methods of dealing with hæmorrhage, whether concealed, inevitable, or *post partum*; in our knowledge of missed labour and extra-uterine foetation; in our acquaintance with puerperal eclampsia, embolism, and thrombosis. When we are compelled to

sacrifice the child, we do our spiriting, so far as the mother is concerned, more gently and quickly. When we decide to give the child a chance, by submitting the mother to the knife, it is no longer the classical Cæsarean section which forms our sole resource. We have now the promising alternative of Porro's operation, and possibly that of laparo-elytrotomy. If even we choose to abide by the ancient section, it is not unlikely that, by earlier operation and careful antiseptic measures, we shall rob it of some, at least, of its hoary and evil reputation. Finally, we have learnt to distinguish between surgical and obstetric anæsthesia, and when we have safely delivered our sleeping patient without checking her pains or involving her in hæmorrhage, we stitch up, there and then, any unlucky tear in the perinæum (if our patient be in America, any tear also there may be in the cervix), and we complete our task by feeding her better than our forefathers did, and by a more wholesome and common-sense management of her surroundings. In all these points I think we have advanced. There is not one of them, however, nor are many put together, so important in the lessening of maternal mortality, as the exclusion of that septic mischief, which is the foe alike of the simplest and most difficult parturition.

Permit me, gentlemen, to glance very briefly at one or two points presented by that young and vigorous branch of obstetrics—gynaecology. Profiting, in common with general surgery, from the beneficent aid of anæsthesia and antiseptics, the surgery of the female pelvic organs has been pushed forward with a rapidity bordering on rashness, but justified by signal success. Here surely the same thought will be the first to occur to many of us; namely, that in this department has been won the brightest and most complete triumph of modern surgery. I allude, of course, to ovariectomy.

Some of us are old enough to remember, thirty years ago, the earnest pleading of such men as Sir James Simpson, when ovariectomies were counted by the dozen, and their mortality anxiously compared with that of amputation of the thigh. "Fellows like you should simply be handed over to the Public Prosecutor," was the half-angry, half-kindly remark of Mr. Syme to his old favourite house-surgeon, Keith, when this now eminent operator was commencing a work destined to become so brilliant. In London, the storm of opposition was so violent as to drive one or two of the pioneers, bruised and battered, from the field. Exploratory incisions, now regarded as a legitimate diagnostic procedure, were pounced upon, dragged to the light, and branded as murderous. Amidst the turmoil and fray a man arose, plucky, skillful, resolute above his fellows, determined to solve the question in dispute, and soon confident of his power to do so. As his numbers rolled up, and his mortality steadily diminished, the thunderous opposition died away in a distant growl. Fellow labourers took fresh heart; imitators sprang up on all sides; distinguished men from France, Germany, Russia, Italy, and America came and sat at his feet; then followed scientific honours, social distinction, and wealth; at last, amid the acclaim of the whole profession, a baronetcy has been conferred on him by his Sovereign, for whose sex he has done more than any man living. Those marvellous lists will be for ever one of the brightest records in the annals of surgery, and the domain which Spencer Wells has done so much to conquer for us, will remain fruitful of blessing to the end of time.

Good work of this kind is essentially pregnant with further gain. In groping amongst the bosses of ovarian tumours, separating adhesions and peeling off clinging viscera, the old fear of operations involving the peritoneum has vanished; and we now handle this once dreaded membrane with as little ceremony as serves us when we deal with the pleural cavity as with an abscess, or fill the knee-joint with bone-dust and blood. Our periodic literature teems with evidence of gain in this direction, but I will cull only from our midst. Not long ago we had, from Huddersfield, an example of the removal of the cancerous pylorus of the stomach; a new and bold operation which, in its design and execution, has certainly been aided by the impunity of previous rambles in the abdomen. At our last meeting we had, also from Huddersfield, an admirable illustration of peritoneal surgery; and our President capped the tale, by relating how an inevitably incised bladder failed to hinder the successful result of a difficult operation. Not very long ago, I was unlucky enough to tear open the colon to the extent of more than two inches, in attempting to detach a firmly adherent tumour. The rent was sewn up, a cyst or two tapped, and then, with her operation abandoned, the patient was carried off to her bed to die. Nothing of the sort. She recovered from her mauling rapidly, full of that pathetic, ignorant gratitude which now and then rewards very blundering work. A few months later, *post mortem* examination revealed a mere faint line at the point where

the bowel had been torn. Last summer, in attacking a doubtful abdominal tumour, we found that, instead of an ovarian, we had a cystic tumour of the kidney to deal with. The tumour was extirpated, and the patient made a good recovery; thus another gain was added to the many which have followed in the wake of ovariectomy. A few weeks ago, one of my colleagues delivered a woman of a heap of foetal bones and a hatful of stinking pus, by abdominal incision; the patient is now walking about quite well. Such cases could easily be multiplied, but this is needless; most of us will probably admit that abdominal surgery, in its recent and rapid advancement, owes much to the operative treatment of organs which ought to be, and once were, tenants of the female pelvis.

From ovarian to uterine tumours the step is short and natural. Already the latter are beginning to fall before the knife of the surgeon; and, though we can never hope for the same success with them as with their predecessors, we must remember that effort in this direction is as yet tentative and young. And then those tempting side-curtains and tasselled fringes of the uterus, which carry in their folds so much of the happiness and woe of human kind; can we not remove them with safety when, through disease, they have cast a vicious blight over the physical and moral nature of our patients? Can we not, by their simple ablation, put an end, in certain cases, to death-threatening hæmorrhage from an uterine fibroid? Dr. Battey and his followers think so. By-and-by, when time and experience have shed their sobering light on the venture, we shall find, as usual, a solid residuum of truth in a practice which is as yet in its experimental stage.

Our fair friends are so much the votaries and victims of fashion, that we cannot be surprised if fashion has invaded even the sacred precincts of the uterus. "Propter uterum mulier est, quod est," has been the cry, whilst the conservative and physiological school has contended with the mechanical school for the possession of that valuable organ. Thus, when Dr. Henry Bennet had fought his way with speculum and porte-caustique, and won the ground for congestion, ulcer, and erosion, he had in his turn to yield to a band, armed with pessary and sound, whose cry was all for flexions and displacements; and now these men in possession are threatened by American competitors, who brandish curiously shaped needles, and swear by lacerations of the cervix and ectropion.

For my own part, I like those free lances who break away from old tradition and explore new paths. Let each mount his hobby—be it cautery, intra-uterine stem, or cleverly devised needle—and let us see who will ride furthest and best. Should any one, in his eagerness, deviate on to the forbidden ground of vivisection, his good intentions, and the warning afforded to others, shall serve to absolve him.

Amidst these changing problems and their varying solutions, there remains one, sphinx-like in its mystery and mournfulness, which has hitherto baffled the keenest brain and most dexterous hand. Not long ago, the medical atmosphere was charged with the fragrance of a resinous balm, destined, as was fondly hoped, to heal our wounded sisters who were suffering under the cursed malady I allude to. But time passed, hopes were disappointed, and now the remedy has disappeared in the limbo of forgotten panaceas. Nor has the knife as yet done much for us. Cancer, wherever it can be reached, demands, as our only reliable remedy, the early and unsparing use of the knife. By the time a diagnosis has been established, the chance of successful interference has wellnigh slipped past. Here, the organ it loves to attack is so hidden, so closely connected with bowel, bladder, and ureter, the early inroads of the malady are so reluctantly made known, that, when at last the surgeon is consulted, he has to pronounce the verdict—"Top late," and can occupy himself only in finding for his patient the gentlest and easiest path to the grave. In view of the necessity for wide removal of the disease, complete extirpation of the uterus was long ago proposed, and in numerous instances has been carried out—through the vagina, or by abdominal incision. Freund, Billroth, Schröder, Martini, and others, have been working at the subject of late; as yet, however, without any marked success. Let us hope that another generation of patients and their doctors will have a better tale to tell.

Perhaps the general diffusion of a knowledge of women's diseases is even more noticeable than its increase. The speculum and sound have now definitely taken their place in the *armamentarium* of the general practitioner, by the side of the stethoscope and thermometer, the probe, and the catheter. Compare the position of our younger men with that of the greybeards, when they were young. The abundant supply of admirable text-books, the marvellous variety of instruments of research and treatment, the fierce uterine impregnation of our hospital teaching and periodic literature—all this is

very new, all of it very useful, if only we can retain a healthy sense of due proportion and fitness. The result of it all is, that the young men of the present day are in a far better position for dealing with the diseases of women than their predecessors of twenty-five years ago were.

Will you pardon me an illustration? A short time since, I was called to see a case of pelvic tumour with a younger practitioner. He had been summoned the day before to see the woman, who was suffering from retention of urine. Excepting this, and some previous slighter difficulty in micturition, the patient was apparently in good health, and able to follow a laborious occupation. Having relieved the bladder, the doctor proceeded to inquire into the cause of retention, and found a pelvic tumour of considerable size pressing on the urethra and lower part of the bladder. Next day, on seeing the case with him, I found—and this is my point—a full and careful diagnosis ready to hand. The relations, size, and position of the tumour had been ascertained, its probable character and degree of mobility estimated; the widely separated uterus had been found, and the fact determined that it was but little connected with the growth; the amount of pressure on the rectum had been inquired into; in a word, a tolerably complete and searching examination of the pelvic viscera had been made, and the conclusion arrived at that the case was one of solid ovarian tumour, still in the pelvis, and growing from the left side. My examination confirmed all these points, and there remained only to discuss the line of treatment; but this is a question taxing the brains of men who are in the very first rank of obstetric specialists. Observe, this is an examination conducted, and a diagnosis made, by a junior. The case was not so difficult to unravel as some, but this much is certain: at his age I could not have done what he did, nor would it have been within the range of the great majority of my contemporaries. Such knowledge and skill did not, as a rule, exist among us; now it is, or may become by a little application, a common possession; for my colleague is no hospital man, simply a general practitioner who uses his brains and the light of modern research to guide him.

In concluding this hasty and imperfect sketch, I think we may venture to affirm that, whilst medicine proper and surgery have rendered invaluable aid to the sister department of obstetrics, they have found in her an ally in every way worthy of the rank to which she has been raised. That brimming bucket of wisdom, laboriously drawn up from the well of truth by Sir "Dispenser" Wells, as depicted recently by *Punch* in his clever and kindly portraiture, would alone entitle her to respectful consideration. The progress of medicine is at best slow and hesitating; problems old as the hills are still unsolved; gain in pathological knowledge too often entails loss in cherished treatment; new discoveries are apt to prove fallacious, and new remedies delusions. All this is true and trite enough. And yet, in the never resting spirit of inquiry which animates all departments of medicine, in the ready light and aid they mutually render, we claim to possess a sure guarantee for further advance in the worth and usefulness of that profession to which, which all its drawbacks, we are proud to belong.

DURHAM UNIVERSITY MEDICAL GRADUATES' ASSOCIATION.—The annual meeting was held, in London, on July 4th; Dr. Philipson, the president, being in the chair. Besides other business, the following resolution was carried unanimously:—"That this Association receives, with a feeling of great satisfaction, the announcement of the formation of a chair of anatomy in the University of Durham College of Medicine, Newcastle-upon-Tyne. At the same time it urges upon the Senate the necessity of forming additional chairs of physiology and surgery, thereby creating professorships in the four more important subjects, and placing the faculty of medicine of this university on the same footing as the sister universities." The following officers were elected for the ensuing year. *President*, Dr. Philipson. *Vice-Presidents*, Dr. L. Armstrong, Dr. Travers. *Secretaries*, Dr. Mears, Dr. Milson. *Council*, Drs. Arnison, Bowman, Drummond, Bedford, Fenwick, Fielder, Goldsmith, Morton, Porter, Tyson, W. T. Wilson, Gibb, and W. Robinson. In the evening the members united with the Durham University Association at dinner, at the Freemasons' Tavern. Amongst those present were the following:—The Earl of Ravensworth, the Bishops of Dover, and Aberdeen, Bishop Mitchinson, Bishop Piers Claughton, Sir J. Mowbray, Bart., M.P., Sir G. Elliott, Bart., M.P., Sir J. Watt Reid, K.C.B., Sir Farrar Herschel, M.P., Mr. Justice Manisty, Canon Waite, Dr. Hornby, Hon. and Rev. G. W. Bourke, Dr. Broadbent, Dr. Douglas Powell, Dr. Samuel Fenwick, Dr. Crichton Browne, Dr. Philipson, Dr. Pyle, Dr. Glover, Mr. Christopher Heath, Dr. Bedford Fenwick, Dr. Travers, Dr. Milson.