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OBSTETRICS AND GYNÆCOLOGY ONE HUNDRED YEARS AGO:

AN INTRODUCTORY LECTURE TO THE CLASS OF MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN IN THE UNIVERSITY OF EDINBURGH.

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GENTLEMEN,—In the first week of September there was held within the buildings of the University of Pennsylvania a large and interesting meeting of medical men. Along with my friend Dr. Finlay I had the pleasure of attending as delegate from the Edinburgh Obstetrical Society, and bearing also, along with my distinguished colleague, Professor Lister, a commission to represent this University in the International Medical Congress at Philadelphia. This gathering, presided over by the venerable Professor Gross, was composed of representative men from the various medical societies, schools, and colleges of all the different States of America, many being present from Canada, some from Europe, some even from Australia and far Japan. It was a week of great activity. The forenoons were occupied with the delivery of addresses on various depart-

ments of the profession, largely commemorative of the progress made in each during the past hundred years, especially in America. For, as you know, the occasion of such a Convocation at this particular time is that our Transatlantic cousins have been celebrating the hundredth anniversary of the Declaration of Independence; and let me say, perhaps because I am a Scotchman and have the blood of one of the followers of Wallace in my veins, I sympathise with all who struggle for independence, whether in the West or East, to-day or a hundred years ago, and I was glad of the opportunity of seeing in the Quaker City the old bell which in 1776 tolled out the determination of the hardy settlers in the States to fight for their autonomy.

In the afternoons the Congress broke up into the nine different sections of Medicine, Biology, Surgery, Dermatology and Syphilology, Obstetrics, Ophthalmology, Otology, Sanitary Science, and Mental Diseases. In each of these important subjects were brought up for discussion, introduced in each department by some of its leading representatives in America. Thus in the Section of Obstetrics, to which I naturally confined my attention, and which was presided over by Dr. Barnes, of London, on the first day the subject of "The Causes and Treatment of Non-puerperal Hæmorrhages of the Womb" was reported on by Professor Byford, of Chicago, well-known among us from his Treatises on Diseases of Women and on Obstetrics. Another day, Dr. Goodell, Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania, the author of various papers full of research, and of rich practical suggestions, opened the discussion with an Essay on "The Mechanism of Natural and of Artificial Labour in Narrow Pelves." Next day the main topic of debate was "The Treatment of Fibroid Tumours of the Uterus," which drew out the opinions and experiences of a number of the leading American ovariotomists. The subject was appropriately confided to the hands of the greatest of them—the veteran Dr. Washington L. Atlee; and his brother John—*par nobile fratrum*—as appropriately took the first word in the debate that followed. On the fourth day Dr. Lusk, Professor of Obstetrics

and Diseases of Women and Children in Bellevue Hospital Medical College, New York, treated the very important subject of "The Nature, Causes, and Prevention of Puerperal Fever," in an erudite essay, full of careful observation and happy induction. These papers were all presented by their authors on questions assigned them for discussion by the committee. But there were other spontaneous papers of high interest read on other subjects, such as those on "The Enucleation of Ovarian Tumours," by Dr. Minor, who first proposed this method of dealing with the pedicle; on Paracentesis, Aspiration, and Transfusion," by Dr. Fitch, of New York, the inventor of the dome-trocar; on "Uterine Hæmorrhage," by Professor Trenholme, of Montreal; and on "Chronic Inversion of the Uterus," by Dr. White, of Buffalo, who was the first to restore to its proper position a uterus that had been long inverted. A corresponding activity prevailed in the other sections, where, as we have seen to be the case among the obstetricians, some of the foremost men from their various schools and hospitals presented papers on the most important subjects in the several departments. As one passed through the various sections, or sought an insight into the appointments of the medical department of the University of Pennsylvania, which it was my privilege to do under the kind guidance of Dr. Lenox Hodge, son of the great Obstetrical Professor, or visited the hospitals, which I also did in the no less kind companionship of Dr. Cheston Morris, it was difficult to realise that a century ago all these arts and sciences were waiting for development, and all these institutions were as yet unfounded. Amazing has been the rapidity with which the nation that then came into being has developed, and in the general growth all that concerns our profession has had its proper share, so that now there are many well-equipped schools of medicine yearly sending out supplies of well-trained graduates; and, as several of the orators had occasion to remind their audiences, some of the most important advances in our theory and practice, which are now the common property of the world-wide profession, have emanated from America.

A hundred years ago, however, the settlers in these infant

States were mainly doctored by physicians and surgeons who themselves had emigrated from some of the European nations. Carrying with them the "Elementi Artis Obstetricæ" of Roederer; or their copy of Mauriceau or Lamotte in the original French, or in their English translation; or the works of Dr. Burton or Dr. Johnson; or, best of all, of Dr. Smellie, according as it had been impressed upon them by their Professor, they braved the dangers of the Atlantic—which, by the bye, to the voyagers in a comfortable Cunard steamer make no great demands on modern bravery—to preside over the replenishment of that New World with the Anglo-Saxon race. Not a few of these practitioners, and we may well believe not the least esteemed among them, hailed from our own land and from this University; and from carefully written notes of the Lectures of the then Incumbent of this Chair I think I can give you in a brief space some impression of the information which they carried with them.

You know—or if not, you will please take note—that the course of instruction in this class-room comprises—

I. The Anatomy and Physiology of the Female Organs of Reproduction.
II. The Physiology and Pathology of Pregnancy.
III. Parturition—natural (Eutocia) and morbid (Dystocia).
IV. The Hygiene and Pathology of the Puerperal State.
V. The Hygiene and Pathology of Infancy and Childhood.
VI. The Special Pathology and Therapeutics of the Female Organs of Reproduction.

I will not weary you with lengthy extracts—certainly not by citing the entire passages in any of these divisions, although all that Professor Young had to say, *e.g.*, concerning all the parts of generation, occupies but three pages of the manuscript. A specimen or two from each of the sections will suffice to make you comprehend the standpoint of our predecessors of a century ago. Hear what one sitting 100 years ago where you now sit had to note as the anatomy and physiology of the ovaries:—

"The ovaria are situated about three or four finger breadths from the sides of the uterus. They contain small

pellucid eggs, from which they take their name. We don't understand the real use of the ovaria; but as far as can be learned, they are of important use in the production of the human species, as may be easily known by taking them away from any animal, which from that time forth is evidently deprived of the means of generation."

In treating the subject of generation, after citing the opinions of Hippocrates, Aristotle, Harvey, De Graaf, &c., he concludes :—

"We believe that both male and female contribute, and in general are absolutely necessary to the generation of the human species; and I imagine, that the finest part of the male sperm is conveyed to the ovaria and there mixed with its liquor, and at a proper time conveyed to the uterus, by the Fallopian tubes, where conception is first made, and continues to go on."

As the anatomy of the unimpregnated organs was but imperfectly known, and the minuter structure altogether unknown, we are prepared to find a very imperfect appreciation of the changes that occur in them subsequently to impregnation. The changes in the uterus itself, as I shall have occasion to demonstrate to you, are the most striking; and to these alone attention then was given. The increase of size and the changes in position, in form, and in consistency, were noted, but even in regard to the most striking of these—the change in size—the rate of increase is very vaguely stated. The symptoms from which a conclusion is to be drawn as to the presence of pregnancy were fairly considered, almost as fully as they could be stated now; and the value of the diagnosis founded on such data would depend then, as now, on the capacity for induction of the investigator. But when they came to deal more closely with the case, and search for signs of certainty, they must in many and many a case have been in great perplexity, where nowadays a positive diagnosis can be arrived at; for the all-important information to be gained by auscultation lay beyond their reach. True, they knew how to exercise the sense of touch externally and internally, and could give good advice as to the practice of it, as thus :—

"We should make it a rule never to use any force in touching, but always take time and do it as easily as possible; for if we are very rough in touching a woman, she will be apt to think very ill of our skill, more especially if she hath been easier touched by other persons. But if you take care only to do it gently you need never give the woman pain."

But they did not know how to educate that sense to its fullest power of apprehension, and it is little wonder that the supreme word in reference to the recognition of pregnancy runs :—

"You can seldom distinguish by the touch till the fourth month or so. By the touch, if you feel the neck of the womb pretty smooth and hard, and its neck pretty long, and when you push it up with your finger it will seem pretty light, there is no pregnancy. But if the woman be with child, and advanced to the fourth month, the neck of the womb is shorter, the orifice is softer, and besides it is much heavier, when you press it upwards ; and though sometimes you wont be able to reach the neck or orifice of the uterus, you will always be able to reach some part of its body through which you will be able to feel the head of the child, or some other part of it, and without some such examination as this, you will often be much at a loss."

Amid much that is vague and erroneous in connexion with the intra-uterine conditions and connexions of the fœtus, it is interesting to note that though the structure of the placenta was not clearly understood, yet a true conception was already formed of its most important function.

"The vessels of the womb are, as I observed before, greatly enlarged in time of pregnancy, and open very large into the cavity of the womb, where the placenta is attached, so that the placenta serves as so many corks as it were to stop up the vessels. And we know that during the time of pregnancy, if any part of the placenta is detached from the uterus, a great flooding will ensue, and in this case a woman may lose a great quantity of blood before the child is killed. Where, however, there is a great quantity of blood lost, the child suffers greatly. I therefore think that without any doubt we may conclude that the placenta thus fixed prepares

that nourishment which it receives from the uterus for nourishing the child; and from all the experiments for and against the placenta's being attached by bloodvessels to the uterus, I think there must be a circulation betwixt the uterus and placenta, as we find that no two parts of our body are so firmly connected without the intervention of blood-vessels."

There you will perceive that Dr. Young attributes to the placenta a function of preparing nutritive material, which it receives from the uterus, for the nourishment of the child; and though this be not the only function which that organ serves in the economy of the intra-uterine being, it is, as I have said, unquestionably the chief one, to which its respiratory and depurative functions must be regarded as subordinate; and although modern physiology can point with more precision to the seat of the elaboration of this nutrient material, it has not yet been able more closely to define it.

If we turn to the disorders of pregnancy, we are led to think that all the morbid phenomena that may arise are dependent on a plethora with which all pregnant females were supposed to be afflicted, or are produced in some mechanical way from pressure by the growing gravid uterus. Hence the sentence, *e.g.*, regarding the cure for obstinate vomiting, reads :—"There is nothing will relieve the symptom better than bleeding, for women are generally plethoric at this time from the obstruction of the menses, so that in this case if you remove the plethora you remove the disease." So for the relief of heartburn the patient was to be instructed to use some carminatives, or to get "small doses of tartar emetic to cleanse the primæ viæ and prevent the plethora." Not only hæmorrhoids and suppressions of urine, and œdematous swellings of the legs were regarded as results of mechanical pressure: even of convulsions, it was said (p. 164) :—

"These are more frequent at this time than any other, and may be owing to a great many different causes. The most common is from the uterus pressing upon the iliac arteries so as to hinder the blood from passing into the lower extremities, and hence more blood is sent to the head, and the vessels there are distended. Another reason is the

vessels being more full of blood and less circulation, and also the irritation produced by the fœtus in utero."

But we pass on, and, noting that the duration of pregnancy is very correctly given at from 270 to 275 days, and most frequently about 273 days, we come to the subject of parturition, which divides itself into the three groups of natural, laborious, and preternatural. The phenomena of natural labour are sketched distinctly enough, but the mechanism of the process is barely hinted at, notwithstanding the commendation of the works of Smellie and of Roederer in which, to say the least of it, a good foundation for the development of this great subject is laid. As regards the management of the lying-in woman the rules are all simple and sensible. Only when he comes to treat of the third stage of labour—the expulsion of the placenta—he becomes more than usually diffuse, and gives one the impression that the delivery of the placenta had sometimes cost him a good deal of trouble and anxiety which he transfers to the patient, saying: "Women are generally anxious till the placenta is extracted." Whereupon he proceeds to give the very bad advice to wrap the cord round one hand and pass the other along it to the vaginal orifice, and then to pull at the cord, dragging it sometimes from side to side. No wonder that he needs to go on to give instructions how to pass the hand into the uterus and separate and extract the placenta in cases where the cord has been torn off; and no wonder that he has to add:—

"Some women, and indeed most of them, do examine the placenta after extraction, to see if it be torn and pieces pulled off it, which may happen from taking too slight a hold of it. Therefore you are cautioned always to take a very great hold; for if the woman has any complaints afterwards, it will be attributed to your mismanagement in extracting the placenta. At our first beginning in practice it will be as well if we can make so free with the woman as to introduce the hand into the uterus to extract the placenta, and doing this a few times, we will be better able afterwards to judge how to draw it away by the umbilical cord as formerly mentioned without introducing the hand, for this practice must always give the woman a considerable degree of pain."

I only note here further as illustrative of the diagnostic straits in which practitioners of those days must have often felt themselves, that your predecessors were taught that in cases of retained placenta and of miscarriage, when a substance was expelled from the womb, regarding which they were in doubt whether it were blood-clot or placenta, the only means of making the distinction was to soak the corpus delicti in water. If it dissolved, it was a coagulum: if it retained its fleshy consistence, it was placental tissue.

Laborious births occurred when the head was detained in the passage longer than usual—beyond twenty-four hours. They might be due to narrowness of the canals, or large size or bad position of the child's head, obliquity of the uterus, stone in the bladder, &c., and were to be finished where simple adjuvants failed by the use of the forceps. It is in connexion with the application of the forceps that there is any reference to the mechanism of labour. The practitioner was to feel for the ear of the child in order to ascertain its position; the blades of the forceps were to be applied over the ears towards the angle of the jaw, and worked during a pain by pulling from blade to blade till the head appeared at the outlet. In certain cases, when the ears of the child were towards the os pubis and sacrum, the position would be recognised by the presentation of the fontanelle (I shall have occasion to show you how true to nature this description is where we have to do with the flat pelvis); but while such a position is quite possible, and one very likely to demand the use of forceps, the impossible direction is given to apply one blade of the forceps at the os pubis, the other at the sacrum.

In cases where from larger size of fœtal head or narrower calibre of maternal pelvis the forceps failed to extract the child, the practitioner had a hard task before him. For after perforating the head with a pair of Smellie's scissors, using all due precautions, and being careful to remove all splinters of the cranium, he had to set to work with crotchets still further to break up and drag down the head. How difficult the process was, the following sentences reveal to us:—

"The only danger attending delivering with the crotchet is the wounding the woman or your hand. If it slips, you

will often have occasion to introduce it ten or twelve times before you can extract the whole of the child. I have sometimes in vain endeavoured to extract the child for two or three hours, but at last have got it done piecemeal, and the woman recovered perfectly well. However difficult, make it always a general rule never to abandon the woman, though your attempts should prove all unsuccessful for some time, for you will find out a way somehow or other to do it. Sometimes you are obliged to use two crotchets, but this very rarely; when it happens you must introduce one at each side of the head, the same way as you did the forceps. I sometimes have torn the head of the child all to pieces so as I could lay hold of it with my hands. I then introduced my hand, laid hold of one of the arms; fixing my crotchet again pulled and succeeded. But sometimes I have torn one arm off, then laid hold of the other, fixed my crotchet again in the thorax, and extracted the child. I have thought of turning the child when thus torn and bringing it by the feet, but I was aware of the splints of bone rushing into the tender womb and there doing much mischief, I therefore judged it best not to do it."

The preternatural labours are those where we had some part of the fœtus presenting other than the head; but we do not linger over the lectures concerning them, further than to observe the difficulties indicated in those footling cases when the trunk had been torn off, though the neck and the head were left within the cavity of the uterus:—

"But now let us suppose the head left in the womb, by the mismanagement of the midwife, or by reason of its bulkiness. If from the first cause, the labour pains will generally bring it away, but if not, you must then introduce your hand into the uterus; and if the head is so slippery that you cannot lay hold of it, you must cause an assistant to press strongly on the woman's abdomen, and then you will get your fingers introduced into the mouth, and if the head is small, you must thus extract it. But if this fail you must have recourse first to the forceps, having turned the head into the natural posture in which it presents, and introduce your forceps as formerly directed, and in this case you will

be able to extract it. But if the child is only about seven months old, you may extract it in any position, as little is to be dreaded from its size. But now I shall suppose you have tried with your forceps in vain, because of the head's being too great or pelvis too narrow. Reduce the head to a proper position, make an assistant to press upon the abdomen of the woman to retain it there till you introduce a pair of scissors, and open it as formerly directed ; then endeavour to extract with your fingers, but if this does not succeed, as the head is diminished by the forceps or if you have not them at hand, then use the crotchet as formerly directed when the head was opened."

Passing by the lectures on Cæsarian section, twins, &c., I turn for Dr. Young's observations on the puerperal state to another copy of notes of his lectures which deals more fully with the diseases of women, of two years later date (1779) ; and I am tempted at once to read a somewhat lengthy extract regarding the sources from which the disorders which attack puerperal women are derived. He groups them under four heads :—

"1. The sudden taking off the compression from the vessels of the abdomen.

"2. The quantity of blood discharged by the lochia.

"3. The degree of heat the women are kept in.

"4. The coming and going away of the milk.

"From the first generally proceed violent faintings, immoderate flux of the lochia, and sometimes violent cramp pains.

"As to the second, we may always observe that during the uterine evacuations the nerves of women are more irritable than during any other time. Six times the quantity of blood may be discharged from the nose without these disorders which attend an immoderate or too sparing a discharge of the lochia or even the menses. This renders women at this time easily affected by passions of the mind. The necessity of keeping them quiet is so well known that in some countries, as at Haarlem, in Holland, they hang out a board when a woman is lying-in, and it is not allowed for officers of justice to enter into the house at the time. Again, a too copious flux sometimes occasions fainting fits, or if the woman

has been weakened before, it will increase that weakness and perhaps destroy her.

"The third is the degree of heat they are generally kept in. I do not know a more frequent cause of their disorders than this. More suffer from this, in their recovery, than from almost all the other accidents. People have been led by observation to believe that heat was necessary and that sweating is the cure. They took notice that all women sweat generally after being brought to bed, and it was pretty much the custom to keep them in a constant sweat for nine or ten days. I said all women sweat; this is brought on partly by the agitation of the labour, partly by their additional clothing and their being kept too warm, by taking warm meats or drinking largely of thin watery liquors always warm. All these encourage sweating, which was formerly mistaken for an effect of nature and necessary to a recovery. Now, sweating is not at all of use to those who intend to nurse their children. To those who do not it may be of service as a drain; but not even to them for the first day or two, nor indeed is it always safe. For what is the effect of sweating? It renders the nerves more irritable, and thus makes the patient more susceptible of mischief from passions of the mind, and it opens their pores and subjects them to the danger of catching cold. Women who sweat much are more susceptible of febrile indispositions, and they imagine that these indispositions must be removed by the sweat being kept up. Thus they make continually the crisis of one disease the cause of another. Another thing which has deceived them, is that the women frequently have the rigors, which they think must be kept off by warmth, not knowing that the most trifling cause, as the milk coming into the breasts, will occasion it, and that is cured by the hot fit and gentle sweat which succeeds it as happens in the ague. By these mistakes I have seen very violent delirium brought on. I have just now a patient whom I was called to three weeks after delivery. Six hours after she was attacked with a shivering which returned at intervals, and on the third day she had three of them. She continued growing worse till I was called, when I found her pulse 168 in a minute. The

method they had taken with her was to overload her with blankets till they had almost destroyed her. I ordered the additional bedclothes to be removed and the room to be made cooler at night. Her pulse soon came down to 100. The first thing that shook my approbation of this hot regimen was my observing that the women in our ward at the infirmary were infinitely more seldom affected in this manner than the better sort of people; which cannot be altogether owing to their being more robust, for their constitutions differ as much from one another among the poor as among the rich. It is undoubtedly owing to their lying in a large open room with only one fire and where the air is continually fresh, and to their always suckling their own children."

Under the head of Faintings he gives a graphic sketch of a group of cases the nature of which was then quite unknown, but with which of recent years we have become familiar :—

"There is another kind of fainting much more dangerous, where the patient entirely loses her pulse, though perhaps not her senses, and has a faintishness as if cold all over, particularly in the extremities or perhaps the nose. Wherever you meet with a fainting of this kind, the pulse entirely lost and coldness ascending from the lower extremities, in all probability it will shortly destroy your patient. I never knew one recover such a fainting. I have seen three instances where it was followed by death. . . . .

"As to this other kind I know nothing that will cure them. However, you must attempt it by the same methods. They generally die as if they were suffocated, and though they are as chill as death, cannot bear a warm cloth on any part of their body, nor the least weight because they are stifled for want of breath."

In these pulseless, gasping, fainting women, chill as death but intolerant of any pressure, it is easy for us to recognise the well-marked features of puerperal embolism.

The febrile diseases of the puerperium are very meagrely discussed under the three divisions of—1st. Fevers without signs of inflammation; 2nd, with evident marks of inflammation;

and 3rd, with miliary eruption. There is no reference to the puerpera's liability to prevalent zymotic diseases, and we do not get any characteristic features either among the first or second of the groups which could enable us to discern the fever that we nowadays call "Septic." So that the portion that proves here most interesting is that containing the remarks on the miliary fever, with which we have lost all acquaintance since our lying-in women have been placed in favourable hygienic conditions, the only examples of which I myself have seen were in an Italian maternity. The cause of its disappearance you will gather from Dr. Young's account of it:—

"We proceed next to the fever attended with miliary eruptions, which is a small rash or kind of pimples so called because imagined to be an affection of the miliary glands, or from their resemblance to a grain of millet. This distemper was known to the ancients, though they confounded it with other eruptive fevers. It appeared at Leipsic in 1552, and at Frankfort in 1673. There are two kinds of this eruption, 1st, the little pimples that I mentioned, and 2nd, a sort of vesicle filled with clear liquor. This eruption often accompanies other distempers. It is not peculiar to lying-in women but attacks others, both children and grown persons, who have been kept warm or have sweat much; anything that ever heats will occasion it, and therefore it is most frequent with women in childbed. *Symptoms:* It very often begins like a common fever—sometimes with a shivering, sometimes without; headache; quick pulse; thirst, &c. &c. Afterwards, which does not happen in common fevers, such a languor and anxiety come on as they cannot express, with oppression about the præcordia, and a degree of sickness such as to occasion vomiting. These, with pain in the back, are the symptoms which commonly precede it. Sometimes there are none different from those of common fever, but pain in the back and languor. Restlessness is common to both: also pains in the abdomen, and gripes, which are more frequent. A full quick pulse almost always attends this, as it does every other eruptive disorder, as the small-pox, measles, &c., when they are coming out: and likewise an itching of

the skin always precedes the eruption. There is no fixed time for its coming out. The small-pox and measles are more regular: the first extremely so, and the latter observing nearly a set time. But this is very irregular both in its appearance and continuance."

Quitting now the obstetrical to pass to the gynæcological section of our subject, it strikes me that in the latter field our predecessors of the last century must often have wandered hopelessly and helplessly, not knowing with what forms of disease they had to do, nor having any means of gaining clearer information. It is not only that there is a crude pathology which recognises almost no morbid changes in the parts beyond injuries, inflammations, cancers, polypus, prolapsus, and foreign bodies; there is little attempt to localise the mischief or to trace its progress; and we can hardly be surprised when we reflect that though the speculum uteri had been known in earlier days, its use a century ago had fallen into most complete abeyance; and it has only been since its use was revived in France in 1816, by Récamier, and still more since, in 1843, my immediate predecessor in the chair and his contemporaries began to use the sound and sponge-tent, that real investigations began to be made into the character of the multiform disorders of the female generative organs. A single sentence contains all that Dr. Young's student carried away with him under the definite head of "Diseases of the Uterus:"—

"The uterus is subject to all other disorders as the other fleshy parts, such as inflammation, cancer, scirrhus, &c.; and these diseases in the uterus have nothing particular except that some of them, as the scirrhous cancer, are here more difficult to discover than in any other part."

The hiatus gets filled up to some extent when we look at other portions of the course; for under the heads of Disorders of the menses and of Fluor albus we are brought into contact with some of the diseases which lead to functional disturbance of the organ; and following the section on the puerperal diseases we are introduced to prolapsus and polypus of the uterus.

The paragraphs on diseases of the ovaria are more extended,

for here the frequent occurrence of cystic degeneration leading to the formation of bulky tumours, and often of enormous cysts, could not fail to attract attention and call for treatment. But here again pathology is quite at fault, regarding the collection of fluid as dropsical, like fluid collections in serous cavities, and requiring the use of similar remedies for its removal, notwithstanding that experience had shown their futility. Hear what he says as to the treatment of ovarian dropsy:—

"The cure of a dropsy in the ovarium by internal remedies is the same as that of a dropsy in any other part. You may try medicines, but they will seldom succeed, as the ovarium is in a manner out of the laws of circulation. The only way is by the paracentesis which may be performed the same way as in a common dropsy, and it is more likely to succeed as it is seldom, like the common dropsy, attended with a scirrhous liver."

Truly, when we read such sentences we gratefully justify Professor Parvin of Indiana, the eloquent obstetric orator of the International Medical Congress, for the proud claim he makes for the admiration of all our profession and the gratitude of multitudes of women who would now be left to lingering disease, and sure and swift approaching death, had not Ephraim McDowell of Kentucky devised and carried out successfully the bold and long-denounced operation of extirpation of cystically degenerated ovaries.

I have said that the observations on menstrual disorders compensated to some extent for the lack of information on uterine diseases which startles one who hopes to get instruction concerning them under its proper head. But all is darkness and confusion even here, as you will see if I read you a portion of the lecture headed "Disorders occasioned by the Menses:"—

"These are owing to too great a quantity of blood discharged, or to too little, or again to total obstruction. If disease happen before they begin to flow, it is called chlorosis, or green sickness—Febris alba, morbus virgineus—from the pale greenish colour of those who labour under the disorder. These patients generally have a small quick pulse, not and

cold fits, pain in the back, difficulty of breathing upon any extraordinary motion or exercise, such as walking fast, &c. These symptoms may be accounted for from the stimulus in the womb occasioned by the blood endeavouring to force its way through the uterine vessels. When this is the case all we can do is to keep the primæ viæ in proper order, to increase the momentum of the blood. Prescribe moderate exercise, and relax the uterine vessels by the warm bath or a semicupium. There is a kind of chlorosis where the patient is too plethoric, and here venesection will be proper, yet the cure must be gradual, and is chiefly the business of nature," and so on.

Where the patient suffers from Menorrhagia, or, in the language of the day, from an immoderate flux, the chief dependence was to be placed on rest and the use of opium—" the best medicine that can be given, provided the woman is not with child and has no cancer." The use of the opiate is referred to again, when painful menstruation had to be dealt with in hysterical females, and in patients suffering from after pains, to whom it was recommended that the drug be given in some disguised form, because of the impression some of them seem to have entertained in those days as now, that an opiate must of necessity disagree with them.

A corresponding uncertainty both as to cause and cure pervades all that had to be said on leucorrhœa, or the Fluor albus, as it was designated, which is looked on as a disorder which has some resemblance to menstrual disorders, only that the discharge that escapes is pale in colour instead of being red, and was to be met by astringents in the form of vapours, pessaries, and injections.

Of uterine displacements with which the use of the sound and the sound-educated touch have made us now so familiar, and which we now know to be so frequently associated with uterine distress, they had no idea a hundred years ago. The only displacement of which they took note—apart from that of the gravid uterus—was the downward displacement, or Prolapsus. It was pointed out that this might be either complete or incomplete, and Dr. Young is careful to note that the displacement affects the vagina as well as the uterus

itself. Of the distinction, however, between a truly depressed uterus and one in which the protrusion is associated with elongation of the cervix we have no hint. In treating this condition, the uterus was to be replaced and kept in position by means of vaginal pessaries, which might be made of sponge, or bone, or cork, or some kind of metal or wax-covered material, but were best of wood or ivory. It was reserved for our time and for an American gynæcologist to introduce a pessary of vulcanite, which should largely supersede the use of all other forms of uterine hysterophore.

Another variety of uterine disease which, as I have said, received special attention at that time was Polypus uteri. These polypi seem to have made a great impression on the minds of our predecessors, as though their name had given them some kind of association with the hydrozoon which they resemble, and had endowed them with a peculiar faculty of multiplication and reproduction as often as they were cut down. This kind of impression has not yet passed away from the popular mind, and shows itself often in our consulting rooms by the anxious question: Have I got polypus? and even reproduces itself in the last week's sermon of the greatest preacher of our time. How imperfect the notions regarding their pathology must have been you may gather from Young's opening remarks where he speaks of polypi as being of two kinds, internal and external—the former growing within the heart and large bloodvessels, and formed from the coagulable part of the blood; the latter "rather fleshy," and growing from nose, throat, uterus, or vagina. As regards those seated in the uterus he found them too vascular, and fleshy, and firm in texture to allow of such easy removal as those of nostrils and fauces. They were often confounded, he states, by the ancients with moles and false conceptions, and are to be carefully distinguished from the prolapsed uterus or a hernia of the bladder and rectum, as he calls the condition usually described now as cystocele and rectocele. Whether they sprang from the uterus or vagina had no influence on the symptoms or treatment: for to them the intra-uterine variety was absolutely unrecognisable: and their removal was to be attempted by means of ligature rather than

with the knife, as the large size of the vessels in them rendered it dangerous to attack them with cutting instruments.

I draw towards a close, but not without asking your attention to one of the greatest triumphs of modern surgery, for which also we are indebted to America. You know that, chiefly as a consequence of tedious labours, fistulous communications, sometimes of large extent, occasionally get established between the bladder and the genital canal. The unfortunate patient who is the subject of such vesico-vaginal fistula is in a miserable plight, than which it is difficult to conceive anything more deplorable; and when I sat where you now sit they were the very opprobria of our art. Many surgeons made many efforts for their cure, but in almost every instance without the least success. There might now and again be a chance case of cure, or some mitigation of the trouble; but far more frequently the patient's condition was left unchanged, or only altered for the worse by all attempts to cure her. The first difficulty in the way lay in the want of means for rendering the orifice accessible. I once assisted Professor Stoltz, of Strasburg, in operating on a case where a fistula lay high up close to the neck of the uterus, and the only means of getting at the opening was by laying hold of the cervix uteri with a pair of forceps, dragging down the organ till the vagina was freely inverted, and keeping the parts in this prolapsed condition during the operation; and I still have a lively impression of the fatigue involved in the honour which Stoltz conferred upon me by giving me the forceps to keep hold of. A second obstacle to the cure of them lay in the fear that surgeons had of exposing a large enough raw surface—fear dependent on the aggravation of the mischief that, as I have stated, sometimes followed the attempts to remedy it. A third was found in the difficulty of securing the coaptation of the vivified surfaces, so as to induce a union by the first intention. It is just some twenty years since the pamphlet of Dr. Marion Sims came across the Atlantic to announce to Europe that all these obstacles had been overcome—that full exposure of the opening could be obtained by his duckbill speculum—that by free bevelling of the margins of the fistula a satis-

factory extent of wound surface could be obtained on the vaginal aspect; and that by the use of silver sutures the edges could be brought together and kept in contact till firm cohesion had taken place. From many a urinous garret and miserable cellar, and sometimes from more comfortable homes where yet they carried about with them a long distress, the victims of this sad calamity came at that time to Edinburgh. They had mostly been here before, and had been sent home with their last hope of remedy extinguished. But now they returned, and in almost every instance were sent back cured. Not always with one operation, however; sometimes it required to be repeated several times before complete success was obtained, though in none so frequently as in the one patient where Dr. Sims first triumphed after thirty failures. My cousin was amused while travelling in the Highlands lately when the landlord of one of the hotels where he was staying refused to send him in a bill because his wife had been cured of this complaint by his father. I remember the case well, one of those difficult ones where success was not attained till after much brave endurance on the woman's part, and much patient endeavour upon his. Well, what had they to say of this a hundred years ago?—

"We had lately a woman in the Infirmary who had the bladder lacerated in a former long and difficult labour. I did not see her till four months after, when a cure was impossible. She had also a stricture in the vagina. In order to cure it I introduced a flexible catheter to prevent the excoriation, but found that unless the catheter is as large as the orifice, the urine still flows out, or if it is large enough, proves a constant stimulus to the bladder. As to stitching it, it cannot be performed here because you cannot come at the wound. The only way then is to keep the parts clean and still, and perhaps it may heal up in the same manner as after lithotomy. I had a case of this kind this winter which I treated in the following manner. A woman whom I attended had not a long labour, yet in about a week after it, a mortified spot fell out of her bladder. I caused her to sit up to the middle in a strong infusion of oak bark such as the tanners

use, and in which a quantity of alum was dissolved. In this she sat twice a day. At first it was new milk warm, but afterwards she used it quite cold, and thus she was entirely cured. The first woman I had went away to a woman at the West Port who ordered her to sit regularly twice a day in cold water by which she was cured. This led me to advise the infusion of oak bark with alum as more proper, and I have had several patients cured by it. The cure of a laceration is the same as that of an opening made by the falling out of the mortified spot. It is the business of nature; and all art can do is to keep the part as clean as possible."

Gentlemen, I have read these extracts partly to impress upon you the interest attaching to a department of the profession in which such rapid and beneficent progress has been made, with the hope that you may enter on the study of it with some hearty zeal, and partly because I propose to do again this year what I did six years ago—viz., to offer a prize for the best notes of the course of lectures during the session on which we are entering. It may encourage you to good endeavour to be told that the gentleman who won the prize for the notes of lectures in 1870-71 has already entered on a promising career of usefulness and distinction in the great metropolis.
