BRITISH GYNÆCOLOGY, PAST AND PRESENT.

INTRODUCTORY TO A COURSE OF LECTURES DELIVERED AT THE CHELSEA HOSPITAL FOR WOMEN.

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GENTLEMEN,—I have, in the first place, the honour of welcoming you within the walls of this hospital. In doing so I am joined by my colleagues in wishing to make this welcome as hearty as possible. Our object in delivering these lectures is to discharge a duty which we think devolves on all those who have exceptional advantages in gaining experience, namely, that of transmitting to others the experience they have reaped—neither, from undue modesty, hiding their light under a bushel, nor, from niggardliness, wrapping their talent in a napkin.

On your part we know that it must be both your interest and inclination to make yourselves masters of the subjects upon which we propose to treat. It must be your interest, inasmuch as the successful management of the diseases of women is the key to general practice, and forms a large proportion of your work. Women, as you well know, enjoy and always find time to gossip with one another, and their complaints are as favourite a topic of conversation with them as dress or servants. Woe be to the unhappy practitioner who has failed in his treatment of their corporeal troubles; his condemnation will be widely heard. On the other hand, he who has been successful in his work will have the trumpet of

his fame sounded with exaggerated force to the uttermost ends of the earth.

But it will not only be your interest but your inclination to make yourselves successful gynæcologists, for, besides the pleasure of doing work of which you feel yourselves masters, no man can have a more satisfactory occupation than that of relieving the miseries and assuring the comfort of the sex to whom we are all indebted for our greatest happiness and our very existence.

In approaching the history of this subject, some mention ought perhaps to be made of John Gadesden, who in the fourteenth century was called by the public 'the ladies' doctor.' Although the first English physician employed by Royalty, he was a most contemptible charlatan, and there is nothing to be found in his works entitling him to consideration as a gynæcologist.

The first dawn of gynæcology in this country is to be found in a beautiful vellum manuscript of 234 pages, on 'The Maladies and Syknesses of Women,' now preserved in the British Museum, being No. 2463 of the Sloan MSS.

It was probably written about the end of the fifteenth century. The author of it is unknown, but, whoever he was, he must have been very well acquainted with the writings of Rogerius of Parma, whose book was first printed in 1490. In some instances the text of the MS. is a verbatim translation from this author, and the arrangement of the chapters is almost exactly similar to that adopted by Rogerius. I thought this MS. of so much importance, historically, that I had it copied, and am now able to give you an analysis of its contents.

The style and vocabulary of its author may be gathered from the following excerpt from his preface: 'For as moche as ther ben manye women that hauen many diuers maladies and sekenesses nyhg to ye deth and thei also ben shamefull to schewen and to tellen her greuances to any wyght: Therefore I schal sumdele wright to herre maladies remedye. Praying to God ful of grace to sende me grace truly to write to ye plesaunce of God and to all womannes helpyng ffor

charite ayeth this that every man schuld trauaile for helpyng of his brotheryn and his susteryn after ye grace of God that he hathe underfongyn.'

The MS. is divided into twenty sections, which treat of the following subjects: 1, menorrhagia; 2, amenorrhœa; 3, hysteria; 4 to 11, displacements, wind, dropsy, soreness, abscess, aching, wounds, and cancer of the womb; 12, diagnosis of pregnancy; 13, childbirth; 14, moles; 15, retained placenta; 16, post-partum hemorrhage; 17, sterility; 18, laceration of the perinæum; 19, urinary disorders; 20, diseases of the breasts.

Not one of these sections deals with natural labour. The one on childbirth only gives instructions for dealing with complications. The reason of this is obvious. At this period cases of natural labour were attended exclusively by midwives, and the doctor was only called in when these women failed to deliver their patients.

As illustrating the condition of gynæcology at this early date the MS. is very valuable. In amenorrhœa the author advises blood-letting. 'Profitable bledyngs,' he says, 'ben att ye veynes of ye gret toon and to be ygarsed on ye leggis bynethe the sparlyner bothe byfore and behynd and to be cupped bynethe ye tetes and also bynethe ye reynes behynde.' He also advises medicated pessaries four or five days before the period is expected, and says they 'schuld be bounde with a threde abouten oon of her thyes lest they were drawe all in to ye moder.' The fear of suppositories being drawn in was common at this time, for Matthew de Gradi tells us of a girl who vomited a suppository shortly after it was administered, also of another breaking the thread which bound it to her thigh, and still another which had been bound to her thigh with four threads.

For menorrhagia he gives this curious remedy: 'Take a quyk turtille (live pigeon) and brenne hyre al quyk with the fetheren, and take an ℥j. of dragon's blode and brenne hem therwith in an erthyn potte al to poudre and lete her usen that poudre in sauce, in potage and in drynk.' If this does not

answer, he says, 'sette blode boxes on hir tetes with fyre and but these sufficen God is medecyn, and no man but he.'

In hysteria the treatment by compression is mentioned. He says patients suffering from it 'witholden her wombe and clippen it hard togedre with her hondes and maken other men otherwhiles to thryst her wombe togeder.'

He quotes the case of a woman who was delivered of a mole, 'a flesshy lumpe without lyf,' 'by ye wyndyng of two towailes aboute hir myddell and twoo stikkis. The oon was wounden on ye oone syde off ye woman and ye other wounde on ye other syde of hyr till ye wombe of hyr was made right small.'

Perhaps the most interesting part of this MS. is that which refers to laceration of the perinæum, to prevent which he says: 'For to kepe women from this myschef in that tyme that they traveyllen of childe lete make a rounde thyng of the shappe of an eye (egg) of small lynnen clothe and putte it in her fundement and euerich tyme of chylde and everych such tyme lete thrust that balle in her fandement and that shall sauen the skyn hole from brekyng.' Of the cause and treatment of lacerated perinæum the author says: 'Divers tymes it happith of diuers women a mischeuous greuaunce in trauaillinge of chylde for defaute of good mydwifes and that greuaunce kepen priue and it nedith for to be holpen. To summe women happith this greuaunce that the peritoneum brekith that there is but oon issue for both voydaunces and of these women ofte tymes comith out ye matrice for ye way is made so large in hir trauaylyng.' The author's treatment, when laceration has taken place, is as follows: 'Sewe ye breech of ye peritoneum in thre places or foure with a double silken threde with a quarell nedell, thanne putt a lynnen cloute in to ye membre after ye quantite of ye membre and ley ye pacient in hir bedde up right so that her fete lye heyher than her hedde and lete hyr lyen so ix. dayes and so without remevyng fro thens do her nedys. And after ix. dayes ben passed make hyr arise and mesurabelich let her kepe her selfe fro trauaylle or besynesse.'

Contenting ourselves with these few illustrative abstracts, we must leave this interesting MS. and pass on to the middle of the seventeenth century, when we encounter a gigantic genius, William Harvey, the benefactor of our race and the 'chiefest ornament' of our profession. Nature was his love. He devoted his whole life to wooing her and winning from her her secrets. No fashion nor passion could turn from her his ardent gaze. To his broad mind nothing existing was small or insignificant. He did not refuse to investigate a subject because it happened to be despised by others, and thus it was that he became the first Englishman to write a book on midwifery, an art at that time looked down upon by the profession and considered far beneath their notice. To Harvey gynæcology also owes much; for his superior knowledge of anatomy enabled him to propose modes of treatment far in advance of his contemporaries. His bold and original mind, freed from the traditional bonds of Hippocrates and Galen, took a fresh and accurate view of uterine disorders and a direct and practical method of treating them.

It is necessary that I should here call your attention to a very important point in the history of gynæcology and one which our most excellent resident medical officer, Dr. Harper, is assisting me in endeavouring to decide, viz. whether in the spurious Hippocratic writings there exists any evidence of the adoption of intra-uterine treatment. The solution of this question must for the present be left in doubt, but one thing is certain, that neither Harvey's master, Fabricius, nor his contemporaneous countryman, Dr. James Primrose, knew of any such mode of treatment, for they both distinctly state that intra-uterine treatment is impossible. Now, in contrast with this belief, let me read you a passage from Harvey's book on 'Generation.' He says: 'The uterine orifice is alike blocked up in all other animals as it is in women; whose womb we have known so closed sometimes, that their courses, purgations after delivery, and other humours have, for want of free disburdening, excited most terrible hysterical affections, insomuch that I have been fain *to invent an instru-*

ment proper to this inconvenience, whereby the orifice of the womb being opened, the imprisoned superfluities might be released and the recited casualties subdued ; as also that *injections* might find a reception in the cavity of the womb, by which I have sometimes cured the internal ulcers of the matrix and also barrenness itself.' This remarkable passage displays the originality and intrepidity of its author. With us the dilatation of the cervix uteri and the employment of intra-uterine injections are, comparatively speaking, recent methods of gynæcological practice. With Harvey they were ordinary modes of treatment, and he relates a case of the wife of a doctor of divinity whom he cured by this method, after many physicians, who had used the speculum alone, had failed.

If any of you should at any time feel inclined to repine and complain that your talents are not recognised as speedily as you think they ought to be, think for one moment of Harvey. His contemporaries looked upon him as cracked, and thought very little of his practice. The College of Physicians of London, which to this day basks in the radiance of his genius and enjoys the scientific renown and material wealth which he bestowed upon its members, failed to honour him while he lived. He was never president of the College, and, to their undying disgrace, the honour was not even offered him until he had one foot in the grave and was too old to accept it.

The first British work on gynæcology which appeared in print was written by Dr. James Primrose, a Scotsman by extraction, who studied in Paris, graduated at Oxford, and practised at Hull. His work, 'De Mulierum Morbis,' which is written in Latin, was published at Rotterdam in 1665. He was a man of great learning, research, and industry, but of no originality. He opposed Harvey's doctrine of the circulation, and employed himself more in recording what was already known than in endeavouring to extend and aid the progress of scientific knowledge. His work is divided into five books. The first is on menstruation and its disorders ; the second and third are on diseases of the uterus ; the fourth is on difficult parturition and disorders of the pregnant and

puerperal conditions; and the fifth is on mammary disorders. It is a quarto volume of 396 pages, and the small attention which obstetrics obtained at that period may be gathered from the fact that only sixteen pages are devoted to the consideration of difficult labour; natural labour is ignored altogether.

For a hundred years after Primrose the writers on gynæcology were very few, and their works of no practical value. The most popular of them was the 'Female Physician,' by Mowbray. He was a pretentious and ignorant practitioner, as may be gathered from the following few lines from the preface to his book: 'These healing and obstetricious arts are so much improved and advanced that they now seem to be arrived at their very height of perfection. So that there is almost not one disease which can affect the woman from her birth to her death, in child, maiden, wife, or widowhood, whose essence, species, differences, causes, signs, and prognosticks we have not sufficiently cleared up.' He wrote from his 'house in New Bond Street, over against Benn's Coffee House, near Hanover Square,' in 1724.

Dr. Henry Manning wrote 'A Treatise on Female Diseases' in 1771. His book has, he says, 'at least this circumstance in its favour, that it is the only work which exhibits a complete system of the diseases of women.' These diseases, he adds, 'depend principally on an excess or diminution of the menstrual discharge.' How 'complete' his system was may be gathered from the fact that all the diseases of women, not due to pregnancy, which he mentions, were disorders of menstruation, fluor albus, hysteric passion, furor uterinus, inflammation, scirrhous tumours, abscesses, ulcers, prolapsus and inversion of the uterus, and diseases of the ovaria and Fallopian tubes, which he disposes of in eighteen lines. In speaking of scirrhous tumours, he says, 'It is sometimes necessary, for further satisfaction, to introduce the finger through the vagina to the uterus if possible, and examine the state of the organ.' Digital examination was seldom employed at this period, practitioners contenting themselves with

treating symptoms which they mistook for the disease itself.

It was not until the beginning of the present century that gynæcology began to be studied in an independent and rational manner. Hitherto gynæcologists remained bound by the traditions of the older writers, through which no one except Harvey seemed to have had the power to break. At length came new light, and one of the first to bestow it was Sir Charles Mansfield Clarke, who, in his 'Observations on those Diseases of Females attended by Discharges,' gave new life to British gynæcology. He had two objects in view: to make some arrangement of the sexual diseases of females, and to point out the dangerous consequences of treating symptoms instead of diseases. These diseases, he adds, are perhaps less generally known and understood by practitioners than any other complaints to which the human body is subject. The great work which Sir Charles M. Clarke did was to show that fluor albus was not a disease but a symptom, and that the various discharges called by that name were the signs of different diseases, each requiring special treatment.

There appeared also at the beginning of the present century a remarkable book on 'Diseases of the Uterus,' by Dr. G. Rees. He speaks of the 'insufficiency of our present information, and the obscurity which has hitherto enveloped the subject.' He hopes to persuade the practitioner to afford *manual* assistance when the opportunity presents. In this sentence we see the dawn of operative gynæcology in this country. Up to this time even digital examination is rarely mentioned, and more seldom recommended. Dr. Rees popularised the use of intra-uterine injections, which had been practised by Harvey and Dr. R. Wallace Johnson, the latter employing it, and giving a drawing of his mode of performing the operation in his 'System of Midwifery,' published in 1769. Dr. Rees says: 'The manner of injecting the uterus ought to be properly understood by the person who attempts it, and should be done with a great deal of delicacy and caution, for the parts are sometimes, from inflammation and disease, so

exquisitely sensible that all rough management will be insupportable, and will not fail to augment the sufferings of the patient. That the applications to the cavity of the uterus itself are useful and necessary is evinced by the present case (Dr. Johnson's), and I do not see how a disease can be cured by local remedies if they do not come into immediate contact with the seat of the disease.' The work of Dr. Rees is also interesting, inasmuch as in it is to be found the first mention of an air-pessary. There has been much discussion as to the authorship of this appliance. It was first used in cases of prolapsus, and is thus described by Dr. Rees: 'The late ingenious Dr. Aitkin, of Edinburgh, has lately invented and recommended an air-pessary, which he considers as possessing in a superior degree the properties so requisite in this case—smoothness, lightness, and compressibility. It is formed of a small bladder or bag, soft and air-tight, with a valve at the orifice. It is introduced and then duly inflated by the patient by a long flexible tube, which is immediately retired. This instrument, while it is exceedingly light, fully occupies the vagina and supports perfectly the uterus. When it is wished to retire it, the valve is forced and immediately it collapses.'

In dilating the womb Dr. Rees advises the use of the finger, and says all instruments are undoubtedly improper, as the exact force cannot be estimated, and inflammation is liable to be brought on by their use. In dilating the womb to remove a mole, he says, 'possibly it will only be after several efforts that we shall be able so far to dilate the mouth of the womb as to admit the finger'—a remark with which we must all agree. He makes no mention of the method of dilating the womb by the expansion of gentian root, elder pith, and sponge, all of which were used and recommended by James Cooke in his 'Marrow of Chirurgery,' published in 1685. Of course it would be impossible in the time during which you now honour me with your attention to do more than sketch in very bald and imperfect outline the history of British gynæcology. I must endeavour, therefore, by

a few bold touches here and there, and a few characteristic illustrations, to give you some idea of the large subject with which I am dealing.

Hitherto we have noticed a steady advance, keeping pace with time, in the science and art of gynæcology as practised by our countrymen during the sixteenth, seventeenth, and eighteenth centuries. At the beginning of the present century, however, gynæcology had declined and retrograded in a most unaccountable manner. The physical examination of the female genital organs was seldom resorted to, and, if recommended, always in an apologetic tone. Intra-uterine medication, practised by Harvey and Johnson, is not mentioned, and, with few exceptions, all disorders and lesions peculiar to women were expected to be cured by the apothecary's shop. Let me illustrate this by referring to the history of the treatment of laceration of the perinæum. You will remember how the writer of the fifteenth-century manuscript, to which I have drawn your attention, recommends the introduction of sutures to bring together the torn surfaces, and advises that the patient be kept quiet after for nine days. From that day to the time of Smellie, who, it will be remembered, wrote in the middle of the eighteenth century, the practice of stitching up the perinæum, when lacerated, was generally advised. Smellie's practice was, 'as soon as possible, to make two, three, or sometimes four deep stitches through the torn vagina and rectum, *the knots being tied in the vagina*, and two more stitches in the perinæum, to assist the reunion of the parts; the stitches must be made very deep.' You will observe that he recommends the knots to be tied in the vagina—a great advance on those who came before him, who only employed perinæal stitches. Now let us pass on a few years, and see what was the practice early in this century, and I will quote from no obscure authors. Samuel Merriman, a name which will ever be honoured by gynæcologists, calls laceration of the perinæum 'a very uncomfortable accident. The cure of a lacerated perinæum is very difficult, in some cases impossible. It has sometimes been the practice to bring the edges of

the wound together by suture; but this has seldom, if ever, been attended with good effects; on the contrary, the ligatures have been found to slough away, and the patient has in consequence been left in a worse condition than before. *This mode of practice is therefore discontinued.*' John Burns, whose book on midwifery is a lasting monument to his industry and sagacity, treats a lacerated perinæum by rest, approximation of the thighs, and keeping the bowels open. 'Sutures have also been employed,' he says, 'but they are *never* in the first instance to be resorted to.'

This retrogression was only of temporary duration, as may be seen by referring to Blundell's works. He is, however, a little undecided, for he says: 'A ligature may be inserted into the perinæum now and then, perhaps with advantage. To attempt re-union in these distressing cases is always proper.' After this time the practice of stitching up the perinæum, when lacerated during labour, became the rule; and so little is now thought of the difficulty or the skill required in performing it, that the midwives at Queen Charlotte's Lying-in Hospital are taught and required (I think unwisely) to do the operation.

While on the subject of lacerated perinæum, I should like to call your attention to an operation which has been devised for its cure when the parts have not healed immediately after labour. It illustrates the necessity of attaining a competent knowledge of gynæcological history before publishing and claiming any invention as original. In 1853 Langenbeck proposed a new method of operating for the repair of lacerated perinæums. It consisted of dissecting a tongue-shaped flap from the posterior wall of the vagina, and bringing it forward so as to form the anterior surface of the repaired perinæum. This operation, identical, except in unimportant details, has, to my knowledge, been discovered and published as new by three other gynæcologists: one in Belgium, one in England, and one in America. All seem to have been ignorant of the prior claim of Langenbeck. Life is indeed short, and Art is long, but surely it is a duty incumbent on

every one to take the trouble to read up the history of a subject before proclaiming as new that which is perhaps only new to himself.

In 1829 Gooch published his book 'On some of the most important Diseases peculiar to Women.' The appearance of this work produced a profound impression on medical men, and kept alive the interest in gynæcology which Sir Charles Mansfield Clarke's writings had already awakened. The subjects which Gooch especially wrote about were polypus of the womb and irritable uterus. Gooch's canula for polypus is still well known, and, I fear, used. The term 'irritable uterus' became immensely popular, and soon appeared another work on the subject, 'Observations on the Disorders of Females connected with Uterine Irritation,' by Dr. Addison. But these gynæcologists were, as we now know, wandering in the dark, and the 'irritable uterus,' which they looked upon as the cause of so much pain and constitutional disturbance, was not a disease, but only an assemblage of symptoms, concerning the origin of which they had not the slightest idea. The term was as vague as the old 'fluor albus' which Sir C. Mansfield Clarke had so effectually annihilated. It, however, satisfied the doctor of the day, and doubtless he sometimes relieved his patients by adopting the treatment recommended. At this same time Dr. Marshall Hall published his 'Commentaries, principally on those Diseases of Females which are Constitutional.' He was the last of what may be called the medical gynæcologists, for the treatment of the diseases of women up to this date had been mainly in the hands of physicians. It will be observed, in Dr. Hall's 'Introduction,' that a friendly rivalry existed between him and Dr. Gooch, so we may conclude that gynæcology was becoming popular and lucrative.

We have now arrived at an important epoch in British gynæcology. It was not marked by the appearance of an imposing and pretentious volume, but only by the reading of a short and modestly written paper. This paper, which must always remain a source of pride and shame to our profession, was read before the Royal Medical and Chirurgical Society

of London in 1823, no less a person than John Abernethy being in the chair. Its title was 'Physiological Observations and Experiments,' and it was written by Dr. James Blundell, with the object of improving the surgery of the abdomen. Having made a number of experiments on the rabbit, and observed the toleration of the abdomen in man when wounded by accident or design, he came to the conclusion 'that moderate openings into the human peritonæum will not necessarily, nor even generally, prove fatal from inflammation or otherwise; and, further, that certain viscera, or parts of viscera, not essential to the welfare of our structure, may be removed from the belly, without necessarily, or even generally, producing death.' He therefore proposed the following operations, to be performed only in cases otherwise desperate:

1. A division of both Fallopian tubes, and even the removal of a small piece of them, so as to render them completely impervious, a fit addition, apparently, to the Cæsarean operation, the danger of which it would scarcely increase. This operation would prevent subsequent impregnation.

2. The extirpation of the healthy ovaries. This would probably be found an effectual remedy in the worst cases of dysmenorrhœa, and in bleeding from monthly determination on the inverted womb.

3. The extirpation of the ovarian cyst in scirrhus, combined with dropsy, or in simple dropsy. 'This operation will, I am persuaded,' he says, 'ultimately come into general use, and if the British surgeons will not patronise and perform it, the French and American surgeons will.'

4. The removal of a large circular piece of the cyst in ovarian dropsy when the sack itself cannot be extirpated.

5. The removal of the cancerous womb when the ulceration first makes its appearance.

6. Extirpation of the puerperal uterus when the Cæsarean operation is performed, or when a patient is evidently sinking after rupture of the womb.

7. In rupture of the bladder, lay open the abdomen, tie

the bladder, discharge urine, and wash out the peritonæum thoroughly by the injection of warm water.

There are a few other suggestions of minor importance with which I need not trouble you. Enough has been given you to show how Dr. Blundell, having arrived at certain conclusions by a laborious and careful process of induction, was not afraid to march straight on to the goal to which they inevitably led. His bold and independent spirit was not to be daunted by the fear of unpopularity, or the formidable character of the operations he proposed. He knew quite well, although he was lecturer on physiology and midwifery at the united hospitals of St. Thomas and Guy, he would have to meet the fate of all those who fearlessly leave the beaten path and dare to follow boldly the bent of their genius. He quotes, beneath the title of his paper, from Shakespeare, the passage beginning—

'Thou art a blessed fellow, to think as every man thinks, &c.'

Now let us see how this marvellous paper was received. The Royal Medical and Chirurgical Society of London thought so little of it that they did not think it worth publishing, and it did not appear in their 'Transactions.' The 'Medico-Chirurgical Review' condescended to notice it, but merely with the manner in which a person brushes rubbish on one side. On the subject of Blundell's proposal to extirpate the healthy ovaries, it says, 'We think this proposition borders on the wild and extravagant,' and *à propos* of his advocacy of extirpation of ovarian cysts, the reviewer says, 'In despite of all that has been written respecting this cruel operation, we entirely disbelieve that it has ever been performed with success, nor do we think it ever will.'

So much for the opinions of societies and reviewers; but what a lesson!

Does not a society or a reviewer incur a fearful responsibility when it or he, by active opposition, retards the progress of our art and robs humanity for years of the means by which thousands might have been restored to health and

friends, and relieved from months of painful existence and protracted misery? And what a lesson to individual workers not to be discouraged by opposition even from the highest quarters, but to work on honestly and fearlessly, indifferent to ignorant and captious criticism; caring more for their own self-respect than the praise or blame of others, and always confident that honest work must in the end make for the benefit of our fellow-creatures, whose health and happiness are the aim and end of all our labours.

About fifty years ago gynæcology was revolutionised by the importation of a small metallic cylinder from Paris. It was at first received with great suspicion and disfavour, but its use was so unmistakable that in spite of angry denunciation practitioners gradually began to employ it, and in a short time its adoption became general. For its introduction into this country we are especially indebted to William Jones, Balbirnie, and Bennet. The speculum did for gynæcology what the forceps had done for obstetrics. It literally threw light upon a class of diseases about the existence of which there was the grossest ignorance; and simply because no method of diagnosing them existed. Before its employment uterine disease was determined in its character by the kind of discharge which issued from the vagina. Digital examination was rarely ventured upon, and, if adopted, always with the apology that it was undertaken under the direst necessity. It is difficult to understand how so short a time since as fifty years the speculum should have encountered such opposition, for now every practitioner possesses one or more, and they are as various in form and as numerous as the stars in the firmament.

About twenty years after the general adoption of the speculum, gynæcology was still further enriched by the introduction of another diagnostic instrument of the greatest value—the uterine sound. Like the speculum, it was not new, but it was presented to the profession by so great a master, and its practical advantages so distinctly shown, that its adoption became general in a very short space of time.

We owe a great deal to the late Sir James Simpson. I had the honour of his friendship. He had a marvellous memory, was an indefatigable worker and reader, and never forgot what he read. But he did not hold in his broad mental grasp a mass of materials as some do, like an encyclopædia, for he had the rare power of, as it were, digesting his mental diet, and by a happy process of generalisation reproducing, in a practical form, the really valuable part of his knowledge. He also taught us to use dilating tents, which were not new, as has already been shown, and the exploring needle, and to use anæsthetics to assist us in our examinations.

Gynæcology had now emerged from its long period of darkness, and, naturally, began to seek special homes in which its new-born ideas might be nurtured, and their practical outcomings be put to the test of experience. The first institution established in this country for the treatment of the diseases of women was, I believe, the 'Dispensary for Female Patients,' in Leicester Street, which enjoyed the patronage of her Royal Highness the Duchess of York. Dr. Rees, who published 'Observations on Diseases of the Uterus,' was one of the physicians. I have not been able to find out when this charity was established or ceased to exist, but it must have been in operation early in the present century.

The next institution devoted to gynæcology was 'The Free Dispensary and Infirmary for Women, &c.,' in Blenheim Street. William Jones and Dr. Thomson were medical officers to it, and Dr. Robert Lee's and Mr. Guthrie's names are mentioned as having been called in consultation. Jones seems to have been particularly interested in this charity. He calls it the 'Blenheim Street Infirmary for Women,' and indicates its size by speaking of it as a 'Sapling Institution,' which he is anxious to see increased in size and usefulness. In the preface to his 'Practical Observations on Diseases of Women,' published in 1839 and dedicated to Guthrie, he says: 'Until *lately* no attempt has been made in this country to provide a place of *reception* for the treatment of the numerous complaints peculiarly incidental to women, although thousands of

women are annually sacrificed who might be saved did such an establishment exist. Is not every professional man personally interested in the formation of such an institution? Could such an institution exist for any length of time without conferring benefit on him, his family, and the public at large? Would he not daily have an opportunity of obtaining information which could never be acquired in the ordinary routine of private practice? And is the public less interested in the accomplishment of such design? Every man who has a mother, a sister, a wife, a daughter, or any other female relative; every woman whose bosom glows with benevolence, or whose heart can feel for the sufferings of another, is bound, by all that renders life desirable, to assist in the promotion of the charitable design.' This William Jones, who so warmly advocated the establishment of a special hospital for women, lived in Lower Brook Street, and was lecturer on midwifery and the diseases of women and children at the Blenheim Street School of Medicine. As he wrote in 1839 and speaks of this infirmary for women, we can fix the date of its existence, although I have been able to find no record of its foundation or dissolution. It must be observed that this charity was not merely a dispensary for out-patients, for women were also admitted into the building for treatment.

The appeal of William Jones to the profession and the public to found a larger hospital for women was soon answered, for three years after the Hospital for Women in Soho Square was established, and many others soon followed—the Samaritan Free Hospital for Women and Children in 1847, the Chelsea Hospital for Women in 1871, the New Hospital for Women in 1872; not to mention others devoted to the treatment of women and children. In the provinces special hospitals for women have been established, and are to be found in Manchester, Liverpool, Newcastle, Leeds, Sheffield, Bristol, Birmingham, Nottingham, and other towns. In Scotland and Ireland there are not many special hospitals for women, but I believe there is one in Edinburgh and one in Belfast; these countries have, however, in common with the whole United

Kingdom, many excellent lying-in hospitals at which the diseases of women are treated.

It will be asked, For what reason have all these special hospitals been established? Why could not the general hospitals do the work? The answer must be that they *could not* or *would not* do it, and perhaps both of these reasons are true; the latter is, however, most certainly the more potent and correct.

Gynæcology has at the general hospitals been in the unenviable position of resting between two stools—the surgeon and the obstetric physician. The fact is gynæcology advanced too fast for the pace of the hospital authorities. They could not recognise the marvellous development resulting from the introduction of the speculum and sound, and the successful treatment by operation of some of the most fatal and distressing diseases with which women were afflicted. A calculation made not long since proved that the number of beds devoted to women's complaints in the general hospitals amounted to only from three to five per cent. of the whole. This fact alone proves how little practical attention the general hospitals had paid to the increasing demands of gynæcology, or, if they had noticed it, that they *would not* give it the consideration it demanded. This, then, was one cause why special hospitals were instituted. But there was another which still exists, which is a disgrace, and which must be most humiliating and damaging to the obstetric physicians of our general hospitals. Lest I should be accused of partisanship, I will quote the words of these very physicians, for some of them have fully appreciated the position in which they are placed, and have boldly demanded and obtained their independence and operative rights. Any one who wishes to understand the merits of this important question will find it most ably dealt with by Dr. Robert Barnes in the 'American Journal of Obstetrics' for September 1884. He says: 'The obstetric physicians (of this country) occupy a position scarcely better than that of supernumeraries. They have a few beds assigned to them for diseases of women, far less in number

than those assigned to the physicians and surgeons, and ridiculously inadequate to the needs of the poor women suffering from diseases peculiar to the sex, and the cases admitted to these beds are rigorously defined and controlled by the surgeons. The obstetric physician is at liberty to treat surgically a uterine polypus, for example; but he has no monopoly even in this. The surgeons admit into their wards any cases they please, including gynæcological diseases. But cases touching ever so slightly upon the border line between the uterus and the adjoining regions are jealously denied to the obstetric physician.' Dr. Barnes tells us of a curious arrangement made at St. Bartholomew's Hospital with regard to perinæal operations. 'If required for relief of prolapsus uteri, the obstetric physician might do them; if for incontinence of fæces or flatus then the surgeons claim the operation.' No ophthalmologist at a general hospital would submit to any limitation as to the operations he might consider it necessary to perform, nor consent to an arrangement which enabled him to do small operations on the eye but would not allow him to extirpate it. Dr. Godson, who holds the post of assistant physician-accoucheur at St. Bartholomew's Hospital, writes: 'Our surgical colleagues are courteous and considerate to us in the extreme, and find no fault with us for doing such operations as we think fit in the treatment of our patients so long as we abstain from abdominal section and operations for vesico-vaginal or recto-vaginal fistula. But, as the law stands, we have no right to perform the very simplest surgical operation in our ward; and at any moment we might be charged and censured, as Dr. West was, if it were stated that we had removed a small vascular caruncle from the female urethra, or twisted off a small mucous polypus from the cervical canal.'

Take one thing with another, the position of an obstetric physician at a general hospital is not a happy one. Must it not be humiliating for him to have to operate knowing that he has no legal right to do so, and that he is only able to take a knife in his hand because his law-breaking is winked at and tolerated, and his colleagues condescend to treat him with

'extreme consideration'? Must it not be difficult for him to have to teach gynæcology and yet not be permitted to practise it? How else can he gain the practical knowledge which alone can make him an efficient and successful teacher? Must it not be painful to him and disadvantageous to his patient to have her handed over to another for operation when he has been watching her case for some time, has become acquainted with her constitutional peculiarities, knows the effects of remedies upon her, and has become deeply interested in her case? Is it to be wondered at that some of these gentlemen should feel uneasy in their positions when thus bound and degraded? and is it not a marvel that gentlemen can be found to hold appointments under such humiliating conditions?

I have said that this tying of the surgical hands of obstetric physicians is not only humiliating but damaging to them. It robs them of practice, and they know it. The public know quite well who are operators, and who are most successful in different operations. Is it not natural therefore that to these men patients should go when seeking relief? Hence it is that the special hospital men get the cream of operative gynæcological practice, and the obstetric physician is left in the cold. Here is the spring from which wells up the jealous gall wherewith the general hospital obstetrician bespatters the special hospital gynæcologist. Here is the sore, which it is to be hoped will soon become so intolerable that the obstetric physician will cease to be content with the position of a man-midwife, and rise with strength and independence to that noble height in the healing art which is his right, and should be his strenuous endeavour to secure. If he will not do this, a gynæcologist as well as an obstetric physician must be appointed to each general hospital, and the separation between obstetrics and gynæcology, which seems to be more apparent every day, will be hastened.

It is a remarkable sight to see obstetricians banded together, forgetful of the opposition and persecution they once received, watching with jealous eyes the wonderful de-

velopment and strong onward march of gynæcology, ignoring its triumphant progress, and joining with the crowd in aiming at it slanderous imputations, and the poor, petty cry of *specialism*. Why this constant outcry against specialism? A specialist is one who pays special attention to a subject, and who consequently attains superior knowledge of it, and greater skill in dealing with it. I cannot see that anything opprobrious attaches itself to the word specialism, unless special attention be paid to an unworthy object. On the contrary, the noblest work that has been done in the world has been effected by men who had the power of concentrating their attention on one subject. The absurd cry seems to be confined to the members of our own profession. In Art and Science, their votaries are specialists; one poet writes plays, another songs; one painter devotes himself to portraits, another to landscapes; one musician to vocal, another to instrumental, composition. In science it is the same. Other professions are split up into parts. Has not Theology its sects, and Law its divisions? A soldier is not looked down upon because he does not belong to the line, but happens to be an Engineer or Artilleryman. He is all the same a soldier, and is honoured by his brothers in arms and his country whether he fires a cannon or a carbine, whether he walks on his feet or rides on a camel.

What, then, is at the bottom of this intense dislike of medical specialists? A physician or a surgeon may now, it is true, practise his special branch of medicine without incurring the displeasure of the profession. But this was not always so, for those who know the medical history of this country must remember the bitter hatred and petty persecutions in which surgeons and physicians indulged one against another during the seventeenth and eighteenth centuries. The division of medicine into Physic and Surgery is now tolerated, but any further subdivision of these is still looked upon as heresy of the deepest dye, and he who has the temerity to practise one of these forbidden subdivisions is at once looked upon with jealousy and suspicion—with jealousy,

because he is successful; with suspicion, because his success is attributed to quackery instead of superior knowledge. Time will put all this right. No amount of cold-shouldering or ill-disguised persecution can stop specialism. As long as the mind of man remains as limited as it is, no one brain can contain or master the whole art and science of medicine. To attempt to do it would be folly; to profess to have done it would be dishonest. No progress can be made except by long devotion and special attention to one particular subject, and this method of study should not be discouraged, but promoted in every possible way for the honour of our profession and the benefit of mankind.

Opposition is not always an unmixed evil. It is often a healthful stimulant, and so it has proved just now, for, thanks to certain recent snubbings which gynæcologists have received, they have now established for themselves a scientific home and a literary organ. Thanks to opposition, the formation of the British Gynæcological Society has been hastened, and gynæcology has now a separate and independent existence. It had grown too large to live comfortably in the same house with its sisters, Obstetrics and Pediatrics; and the jealousy of one of the sisters had made the old home somewhat unpleasant. With more breathing-room, and freer action, gynæcology will be healthier and grow still more rapidly.

The present state of British gynæcology may therefore be looked upon as eminently satisfactory. We know we are working honestly; we know we are progressing rapidly; we know we are practising successfully; and we are confident that the time must come when our labours will be appreciated, not only by the public, but by the profession at large.

It remains only for me to thank you for your attendance here to-day, and for your kind attention, and to apologise for the imperfect way in which I have handled so large and important a subject.

BIBLIOGRAPHY OF BRITISH WRITERS WHO HAVE PUBLISHED SPECIAL WORKS ON GYNÆCOLOGY UP TO THE MIDDLE OF THE PRESENT CENTURY:—

1655, Primrose, James, 'De Mulierum Morbis.' Rotterdam, 4to.
1686, Turner, Robert, 'The Woman's Counsellor, &c.' London, 8vo.
1696, Pechey, John, M.D., 'Diseases of Maids, Big-bellied Women, &c.' London, 12mo.
1729, Simson, Th., 'The System of the Womb, &c.' Edinburgh, 8vo.
1730, Mowbray, J., M.D., 'The Female Physician.' London, 8vo.
1740, Parsons, James, 'Elenchus Gynaico-Pathologicus, &c.' London, 8vo.
1743, Anon., 'The Ladies' Physical Directory, &c.' London, 8vo.
1745, Forster, William, 'L'Auteur traite des Maladies des Femmes.' Sue. Vol. ii. p. 355.
1756, Manningham, Sir R., 'Aphorismata Medica de Bona et Mala Valetudine Mulierum.' London, 12mo.
1771, Manning, Henry, 'Treatise on Female Diseases.' London, 8vo.
1776, Hume, A., M.D., 'Every Woman her own Physician, &c.' London, 12mo.
1777, Leake, J., M.D., 'Medical Instructions on Diseases of Women.' London, 8vo.
1780, Hamilton, A., M.D., 'Treatise on the Management of Female Complaints.' Edinburgh, 8vo.
1788, Cockell, W., M.D., 'An Essay on the Retroversion of the Uterus.' London, 4to.
1803, Walker, Sayer, M.D., 'Observations on the Constitution and Diseases of Women.' London, 8vo.
1810, Rees, G., M.D., 'Observations on Diseases of the Uterus.' London, 8vo.
1810, Merriman, S., M.D., 'A Dissertation on the Retroversion of the Womb.' London, 8vo.
1811, Burns, J., M.D., 'Popular Directions for the Diseases of Women, &c.' Glasgow, 8vo.
1814, Clarke, C. M., 'Observations on Diseases of Females, &c.' London, 8vo.
1818, Newnham, W., 'An Essay on Inversio Uteri, &c.' London, 8vo.
1821, Power, John, M.D., 'Essay on the Female Economy.' London, 8vo.
1823, Blundell, James, M.D., 'Physiological Observations and Experiments.' London, 8vo.
1824, M'Keever, Thomas, M.D., 'On Lacerations of the Uterus and Vagina.' London, 8vo.

1825, Lizars, John, 'Observations on Extraction of Diseased Ovaria.' Edinburgh, folio.
1827, Hall, Marsh, M.D., 'Commentaries on the Diseases of Females.' London, 8vo.
1829, Gooch, R., M.D., 'An Account of some of the most Important Diseases peculiar to Women.' London, 8vo.
1830, Seymour, E. J., M.D., 'On some of the Principal Diseases of the Ovaria.' London, 8vo.
1830, Addison, Thomas, M.D., 'On the Disorders of Females connected with Uterine Irritation.' London, 8vo.
1830, Ingleby, J. T., 'Facts and Cases in Obstetric Medicine, and on Diseases of Females.' London, 8vo.
1833, Lee, Robert, M.D., 'Researches on the most Important Diseases of Women.' London, 8vo.
1836, Balbirnie, John, 'The Speculum in Organic Diseases of the Womb.' London, 8vo.
1839, Jones, William, 'Practical Observations on Diseases of Women.' London, 8vo.
1840, Waller, Charles, M.D., 'On the Functions and Diseases of the Unimpregnated Womb.' London, 8vo.
1843, Lever, John, M.D., 'On Organic Diseases of the Uterus.' London, 8vo.
1845, Graham, Thomas J., M.D., 'On the Diseases of Females.' London, 8vo.
1847, Lee, T. S., 'On Tumours of the Uterus and its Appendages.' London, 8vo.
1849, Johnson, W., M.D., 'An Essay on the Diseases of Young Women.' London, 8vo.