

ON THE EVOLUTION OF OBSTETRICS AND GYNÆCOLOGY.
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GENTLEMEN,—My first duty is to express to the Fellows my high appreciation of the honour they have conferred upon me in placing me in this Chair.

The Society has just entered upon its second decennial epoch, the foundation meeting having taken place on December 27, 1884, and the Inaugural Meeting on March 11, 1885. At these meetings it was clearly stated by its Founders that there was "no intention whatever to oppose or

interfere with any other existing Society, the Obstetrical Societies especially"; and I think I am justified in saying that during the ten years of its existence its motto "*Æmulatio nec invidia*" has been strictly adhered to.

The subject which I have chosen for my address to-night is "The Evolution of Obstetrics and Gynæcology." If you will give me your attention I shall endeavour to show how from the earliest times the first fruit of obstetrics has developed into the great tree of knowledge, with its wide-spreading branches, which we see to-day.

Professor Schultze, in his "History of Medicine," jocosely points out the probability that Adam, "yielding to the all-authoritative voice of necessity, discharged the office of accoucheur to his wife, and thus performed the first operation in surgery." There is no record of antediluvian or even of primeval medicine and midwifery, although it is evident that among the Egyptians, and also in later historical times, the practice of the latter was in the hands of females. Medicine, known now as "pure medicine," was wholly in the hands of the priests, just as we find among savages at the present time, the position of priest and medicine man to be a conjoint office.

We learn from Herodotus that about 450 B.C. some alteration of customs took place among the highly-civilised Egyptians, that soon every distemper had its own physician who confined himself to it alone, and that these early "Specialists" vigorously contested the popular sympathies with the priest-physicians, and in time acquired all the profitable business. The advantage which those freelance specialists enjoyed over their more "respectable," because more anciently recognised, rivals was that they, like quacks at the present day, had each a right to maintain strict secrecy regarding their views, which doubtless impressed the vulgar on the principle, still pertaining, *Omne ignotum pro magnifico*. Still, it is more than probable that their methods were better than those of the priesthood, who were bound to strictly adhere to the practice of the six sacred Books under penalty

of death. It was indeed held that it was preferable that ninety and nine should perish in consequence of "the regular," if erroneous, practice, than that the truth of the priestly precepts should be challenged by any heretical patient daring to recover under any other method of treatment.

It seems that medical thought became freer in Greece about the same time. There the priests had also assumed to themselves the rights of physicians, and doubtless they for long drove a thriving business in their double vocation.

Whether *Æsculapius*, who was worshipped with great solemnity in various parts of Greece, such as Cos, Cnidos, Triikka, and especially at Epidaurus, was purely a fictitious personage, or whether he may have been some holy priest-physician, some actual personage who became deified for the preservation of the priestly privileges against the incursions of the Esoteric Egyptian physicians, whose new methods of practice had displaced the "collegiate" wisdom of the Egyptian priest-doctors, or whether he was wholly an imaginary creation, like Jupiter, Neptune, or Bacchus, is hardly material. The genealogy of Machaon and Podalirius, his reputed sons, rests on no more precise historical basis than is found in the "Iliad," which, of course, was partly reflected from tradition, and partly due to the genius of the greatest poet among the most highly civilised nation of the ancient world. In the books of the "Iliad" we find that the army surgeons of these days were not ranked as non-combatants, for Machaon, who was summoned to attend Menelaus, wounded by an arrow, is in the eleventh book represented as staying the advance of Hector, and being wounded by Alexander's well-aimed shaft. With careful speed the great "Surgeon Brigadier-General" was carried to the Greek ambulance tent, and Nestor was evoked to haste his chariot and drive quickly, for "surely a sage chirurgeon, skilful to cut out arrows and spread assuagements soft, hath many fighters' value." Aristotle, who is now better esteemed for his philosophy than for his medical work, was regarded as of the direct stock of *Æsculapius*, being the son of Nicomachus,

who was descended from Nicomachus the First, the son of Machaon. One theory as to the origin of the name *Æsculapius* is worthy of note; it has been suggested that as the Syrian words "is calafat" mean "a man with a knife," hence a surgeon, it may have been that one of the priest-physicians who had the surgical bias was so named, and founded the sect of *Asclepiadæ*.

A pupil of the philosophical, mathematical Pythagoras, named Empedocles (of Agrigentum), made a valuable observation about 2,500 years ago. He noticed that the people of Selinus were attacked by a pestilence in consequence of the bad smells arising from the neighbouring river, so that "the women bore dead children." He brought into the same channel two other rivers at his own expense, and so sweetened the stream and stayed the pestilence. We have here the first suggestion that puerperal septicæmia may originate from sewer gas, which is a matter of contention at the present time among obstetricians.

But a greater name appeared some 140 years later, Hippocrates the Second, called the Great, who was the son of Heraclides the grandson of Hippocrates the First, and who was the great-grandson of Sostratus the Third, whose progenitor, the first Sostratus, was the grandson of Homer's army-surgeon hero Podalirius, brother of Machaon, and son of the medicine god *Æsculapius*. In the marvellous medical treatises written by, or ascribed to, Hippocrates, we have a most elaborate physiological and practical treatise on midwifery, with illustrative cases, given in quite the same manner as we now find our continental brethren, especially the French, recording their observations. Here we have inductive evidence for assuming that the close bond which had tied priestcraft and medical practice together must have been broken, and this is clearly proved when we recollect that now there were independent medical schools at Crotona, Cos, Cnidos, Rhodes, Epidaurus, and Pergamus. Hippocrates with prophetic instinct, or as the result of his many years of patient study, uttered one aphorism, which we of the

nineteenth century are again beginning to realise, "When medicine faileth, recourse should be had to the knife, when this is unsuccessful to fire." The surgery of modern gynæcology recognises the wisdom of abdominal exploration in various forms of peritonitic and organic diseases, which have till recently been wholly in the hands of the physician. The modern application of fire by the thermo-cautery of Paquelin has been frequently used with good effect when the knife could not be so employed.

Unfortunately, the sons of Hippocrates, Thessalus and Dracon, were not only overshadowed by their father's greatness, but lived on his reputation rather than seeking to make their own. They carried his doctrines, many of which were as we now know very erroneous, to ridiculous extremes, and founded the would-be scholarly sect the Dogmatists, whose creed it was, "Where observation fails reason may suffice." Alas! the observation became neglected, and the reason was not forthcoming.

Erasistratus and Herophilus, professors in the grand medical school of Alexandria, founded by Ptolemy Soter about 300 B.C., had every advantage which libraries and hospitals could afford. Erasistratus was the Billroth of his day. "In cancers and tumours of the liver he did not hesitate to make free incisions down to the parts affected, and apply remedies direct to them." His treatment of diseases of the spleen was quite in accord with modern abdominal surgery; he held that this organ was of little use in the animal economy, and boldly attacked it. His colleague Herophilus, who has been regarded as the more distinguished of the two by many, was specially great as an anatomist. The Torcular Herophili, the Calamus Scriptorius, and the Duodenum owe their names to him. Erasistratus eventually devoted himself to anatomy; but no little part of his early reputation was based on a diagnosis, which, if not obstetrical, was at least, so far as we can learn, influenced by signs of sexual proclivities. Residing at the Court of Selencus Nicator, King of Syria, he discovered and cured the

disease of the King's eldest son Antiochus, who was pining away for the love of the beautiful Stratonice whom his father in his old age had married. Classical scholars will recall the "father of inductive philosophy" of the Greeks—Aristotle—who reported the existence of placental fishes,¹ and was one of the earliest speculative writers on generation.

With the fall of Greece, and the rise of the Alexandrian school, we find that the Roman physicians had assumed a place of increasing importance. As among certain savage tribes of to-day, these peoples in earlier times had had special and very far from moral religious ceremonies, which the priests shared in freely, for the purpose of propitiating the goddess of generation and of childbirth.

Later, the arts of surgery and midwifery were taken up by freedmen and slaves. Darius the Great had at his court certain Egyptians whom he reckoned the best-skilled physicians in the world, but when he severely sprained his foot he had to send for Damocedes the Crotonian, then held as a slave by Crates; so that it may have been that the victorious Persians, and later the Romans, carried into captivity many of the highly-educated Greek physicians as slaves, and that therefore in the early history of Rome these Greeks, or their descendants, practised the medicine they had learned in happier times.

In the pre-Christian Roman era the name of Aulus Cornelius Celsus stands out prominently. He was a contemporary of Horace, Virgil, and Ovid, with all of whom he was on terms of friendship. He lived in the reigns of Tiberius, Caligula, and Claudius, and was probably at his zenith about 40 B.C. His doctrines were Hippocratic, his surgery derived in great part from Alexandria. In his only surviving work, "De Medicina," which is divided into eight books, Celsus has given us undoubted evidence that while his leanings were broad enough to embrace all, or nearly all, contained in the celebrated aphorisms of Hippocrates, he

¹ Plutarch, quoted by Sprenger, vol. i., p. 240.

extended and improved the former methods of practical surgery, and also elucidated many obstetric and gynæcological problems. The first known edition of this book appeared in Florence in 1478, Dr. Grieves' translation of this book, which I have here, was published in London in 1756.

Next in distinction comes the great Galen. Claudius Galenus was born about 130 A.D. at Pergamus, one of the seats of learning in Asia Minor. After studying in his native city Galen went to Smyrna, Corinth, and Alexandria, to complete his education. Returning to Pergamus in his twenty-ninth year he was appointed Physician to the School of Gladiators, where doubtless he saw some practice in surgery. Five years later he took up his residence in Rome, where he lived four years, and his fame became such that, before he had reached thirty-eight years of age, he was offered, and wonderful to relate, declined the appointment of physician to the Emperor.

Like many another great physician, Galen was a voluminous writer. There are extant about eighty-three treatises admittedly genuine, nearly twenty doubtful, almost fifty spurious, several fragments, and fifteen commentaries on the works of Hippocrates, besides a great number of writings, the titles of which only have been preserved. Whether among the latter we have mere indications of ephemeral papers to the medical journals of the time, contributions to societies or presidential addresses to the Roman Gynæcological Society, I have not been able to definitely ascertain. The credit of the discovery and demonstration of the Fallopian tubes was claimed by Galen. That he was not simply a philosophic pure physician, as was then fashionable in Rome, is evidenced by the facts of the surgical appointment he had held at Pergamus, and that he kept a drug store in the *Via Sacra* in Rome.

Ætius, of Amida, who flourished about 550 A.D., some three hundred and fifty years later, quoted (in one of his very excellent compilations from previous writers) the work of one Philumenus, who is believed to have been a pupil, or at least,

if not actually a pupil, directly influenced by the teachings of Galen. This was an account of the various operations of delivery, and was the first systematic treatise on obstetric operations. It may be said that this treatise was not only the most complete up to the sixteenth century, but had also the additional merit of brevity. In it is the first mention made of a vaginal speculum, although that this instrument existed before the fall of Pompeii we know from the discoveries made in the ruins. There was notably one with four blades, a model of which was presented to me by Dr. Sambon of Rome. *Ætius* was more successful as a book-maker than as an original thinker.

But the first great specialist in obstetrics, who was also a distinguished surgeon, was Paulus *Ægineta*, the Greek physician, whose works have been translated into Arabic, Latin, French, and English. In the English translation, published in 1834 by the learned Mr. Francis Adams, of Banchory Ternan, Aberdeenshire, we read that the original editions, two in number, viz., the Aldine of 1528, and the Basle of 1538, are both inaccurate. It is also a matter for deep regret that we cannot assign a precise date, even within three centuries, to the period during which Paulus *Ægineta* lived. Most of the writers of the ancient history of medicine bring him down as low as the seventh century on the authority of *Abulfaragius*. Adams refers to this authority as wholly untrustworthy, and holds it almost certain that our author cannot have lived at an earlier period than the end of the sixth century, or the beginning of the seventh. If we assume that Paulus lived in or about the fourth century he deserves the highest rank as an original thinker and practitioner, many would add equal to Hippocrates, Celsus, and Galen; if he did *not* live till the seventh century he was an accomplished, but only partially well informed man, who had omitted to notice some of the work of his predecessors.

Let us now see what had been attained in obstetrics up till then.

In the Hippocratic era, *i.e.*, from 500 B.C., the knowledge of gestation was such that we can only characterise it as persistent ignorance and misrepresentation. The statements, both of Hippocrates and Aristotle, were ridiculous. According to them the womb was pouched; the males were carried on the right side, the females on the left. Our distinguished anatomists, Herophilus and Erasistratus, whom I have previously mentioned, must have frequently dissected the womb, and presumably demonstrated these errors, but never seem to have described them. Hippocrates did not show any appreciation of the simplest physiological or anatomical obstetric facts; but to him we are indebted for the comparison of the foetus during parturition with that of the removal of an olive from a narrow mouthed oil jar, from which the olive could only be extracted by bringing it out in its long diameter. "If the oval body be thrown across, either the bottle will break, or the olive will be crushed." In the early Greek midwifery it was not recognised that the child could be delivered by the feet; when the leg or breech presented it was advised to turn the child round, for "if the body be born before the head, both mother and child will almost certainly be lost." It seems when these operators desired to turn the child it was not effected by an intra-uterine version, but by first cutting off the protruding limb, and then tossing the parturient woman in a blanket, or, having tied her on a bed or ladder, raising her and suddenly dropping her. In "The Epidemics" of Hippocrates a case is related where severe internal injuries followed this "succussion treatment." We find, however, that the practical midwifery of Hippocrates at times called for more active treatment of the impacted head than "introducing one finger into the child's mouth," which was recommended by him as the proper method of extraction. There were no axis traction forceps in the obstetric armamentarium of the early Greek obstetrician. But, despite the Venus-like forms of the Grecian ladies, the head did at times become impacted. What was done? Embryulcia. The directions

for the performance of this *dernier ressort* are perhaps more curious than practical. The head had to be opened, and the bones picked out with a pair of pliers—thus we have here the first cranio-clastic operation. For guarding against retained placenta the method adopted was not to cut the cord until the placenta came away; if it was too long a time in coming the patient was seated on two stools placed apart, a wine-skin full of water was placed beneath her, the child laid on it, then the skin was pricked with a needle, and the water allowed to ooze out slowly, and, as the skin collapsed, the child was made assistant to the accoucheur by pulling gradually by its weight on the cord. If this failed different snuffs were given, and the mouth and nostrils held while they were acting.

With Celsus came a great advance, the bimaxillary diameter was discovered to be smaller than the biparietal; a child born by the feet might actually live, and such a birth might do no harm to the mother. Celsus advises the surgeon to “turn the child either upon its head or upon its feet”; he adds, “a child being turned on its feet is not difficult to extract, for these being taken hold of, it is easily brought away by the hands (of the operator) alone.” His treatment of the third stage of labour is practically ours.

The second era of obstetric advancement, begun by Celsus, was continued by Soranus of Ephesus, who practised in Alexandria and afterwards in Rome, in the reigns of Trajan and Hadrian, A.D. 98-138. Soranus gave an accurate description of the womb with its appendages, as he had dissected it in the first century, mentioning the changes it underwent during the different periods of life, and also during and after pregnancy. But it was Andreas Vesalius, 1450 years after this (*i.e.*, in 1543), who got the credit of being the first anatomist to describe the human uterus!

Ætius, of Amida, was a teacher of midwifery of the first rank; as we have said he was essentially a compiler, a digester of the brains of other, and possibly greater men. If Philumenus, whose works Ætius quotes, practised all he recommended, one may safely say that, either from Galen or

from his own observation, he had grasped more of the theory and practice of modern midwifery than any of his predecessors, or any of those who followed him for hundreds of years. Ætius was unquestionably a bit of a quack, but he was a learned quack ; and obstetric science, and surgery both general and obstetric, are under a deep debt of gratitude to him if for nothing more than for his recording the writings of Philumenus. Nearly every modern midwifery operation is mentioned in this remarkable quotation.

As has been said, Paulus Ægineta was the first distinguished specialist in obstetrics. His early studies were prosecuted at the great central school of Alexandria, and subsequently in Greece. His writings on gynæcology are comprehensive, and include "On Affections of the Uterus, and first of the Menstrual Discharge," "On Suppression of the Menses," "On Immediate Menstruations, and Uterine Hæmorrhage," "On the Female Flux," "On Inflammation of the Uterus and Change of its Position," "Abscess of the Uterus," "Ulceration of the Womb," "Cancer," "Scirrhus and Scleroma," "On the Mole," "On Inflation of the Uterus (Physometra)," "Uterine Suffocation or the Hysterical Convulsion," "Prolapsus Uteri," "Phimus (Atresia) in the Uterus," "The Cure of Sterility," "Fissures, Condylomata and Hæmorrhoids of the Uterus," and "On Difficult Labour" (lx. to lxxvi., book iii.). Then we find "Affections of the Breasts," "Complaints of the Genital Organs and Anus," &c.

Paulus, had he not been the most celebrated accoucheur of his time, would have ranked among the first of the pure surgeons. His amputation of the mamma by crucial incision was doubtless crude, but his method of lateral lithotomy, practised until now, was a great advance on the operation of Celsus. We can hardly rank him as being as well informed as Ætius regarding the special branch he practised, but his writings show that obstetrics and surgery were then, as now, on essentially the same lines of practice.

The Arabian physicians took the first place among medicine-men about the ninth century, and their enlighten-

ment came from Greece somewhere about 812 A.D. On obstetric subjects one finds the Arabians were well informed. The fillet is first mentioned in their works, originating from Rhazes of Bagdad, and Albucasis, a celebrated surgeon, even figures a midwifery forceps, and gives the first description of extra-uterine foetation (1122 A.D.).

Then, at least so far as the West was concerned, we have a long period of ignorance and superstition—a time when, although Cordova in 780, Oxford in 872, Salerno about 1086, Bologna before 1158, Paris about 1205, each had Universities, learning had lapsed from physic, and the travail of centuries had left no trace of its labour.

In 1532 a great obstetrician, Eucharius Rhodion, greatly improved the science and art of obstetrics.¹ Much uncertainty pertains regarding this great surgeon. Eucharius, or as he is more commonly called the Rhodian, was doubtless one of the products of the second great civilisation of Rhodes. For several centuries the influence of Greece was paramount, and even now of a population of some 30,000 fully 23,000 are Greeks. In 42 B.C. Cassius seized the public property, rifled the temples, and broke the power of the learned citizens, who, however, continued to prosecute art and science long after their decline in Greece. In 1310 the Knights of St. John of Jerusalem fixed their headquarters in Rhodes, and the consequent security enjoyed from the invading Turks and Moors allowed of a renewal of the still existent intellectual activity. No copy of Rhodion's original work is available but twenty years later Thomas Raynald, "Phisition," produced what is really a translation of it, "The Byrth of Mankynd," otherwise named the "Woman's Boke," published in London 1552 A.D. An edition, dated 1540, is ascribed to Richard Jonas; this I have not seen. Who Thomas Raynald was history records not, he lives in obstetric literature as the translator of Eucharius Rhodion's treatise, just as *Ætius* is famous in obstetrics as the compiler of *Philumenus*.

¹ "De partu Hominis et qua circa ipsum accidunt," 1532, caput vi.

There are three or more editions of Raynald's interesting book; the original one I have here. Queen Catherine, consort of Henry VIII., was presented with the MS. of Jonas, and it is said that the book passed through several editions. It is most probable that Raynald was Jonas' pupil and pilfered his master's work. Our late distinguished Vice-President, Dr. Aveling, devoted considerable attention to this work in his book on the history of midwives.

Two great names from France, separated by 100 years, must now be mentioned. Ambrose Paré (like Machaon, Podalirius, and Galen, an army surgeon) gave a new impulse to surgery in 1560. For 200 years, since 1360, when John of Arden, the English surgeon who wrote "with simplicity and honesty," and who "greatly improved the trepan," no original thinker had influenced the progress of obstetrics. In the interval between 1535 and 1590, Paré did a giant's task. The fifth edition of his works, published after his death in 1598 (book xxiv., chap. xvii., &c.), gives evidence that he was a practical, if not quite a modern nineteenth century obstetrician. Mauriceau published the first edition of his "*Traité des Maladies des Femmes grosses et de celles qui sont nouvellement accouchées*," in 1668, and thereby marked a new era in midwifery. He was the first author to take notice of the "obliquity of the womb as being an obstacle to a speedy and safe delivery." We note that accoucheurs about Paré's time found favour in fastidious France. In December, 1663, Julian Clément had the distinguished honour of having sole charge of the Duchesse de la Valliere in her confinement, and this, although there was no anticipated necessity for a surgical operation. He was so successful in his attendance on the Duchess that he was appointed accoucheur to the Princesses of France, and was also sent for three times to deliver the Queen of Spain. Paul Portal, Sworn Master-Surgeon, published a valuable collection of midwifery cases in 1685, and in 1701 appeared the "*Operationes Chirurgicæ, Novum Lumen Exhibentes Obstetricantibus*" of Deventer, a Dutch physician, which was for

many years considered the great work on obstetrics. The original was published in Dutch in 1696.

It is believed that the Chamberlen family possessed the secret of the midwifery forceps in the beginning of the seventeenth century. If so, the mysterious aid to delivery was kept sacred in the family for nearly 100 years.

What was lacking in the lapsed science of obstetrics was supplied anew by Harvey. His master mind, to which the annual oration delivered at the Royal College of Physicians bears tribute, must have clearly recognised the contempt and obloquy one incurred from the stiff-necked physicians of his time by practising midwifery, yet he elected to earn his living by obstetrics. The structure of the ovum, and the problems of gestation fascinated him; this seems indeed to have been his favourite study. If he failed to earn through it the same fame as his imperishable discovery entitles him to, there can be no doubt that many of his observations were made with the wisdom, and based upon the industrious research, which distinguished him above his compeers. The charms of scientific problems not only allured Harvey to obstetrics, but also claimed the attention of men worthy to rank with him, such as Naboth of Leipzig, Morgagni, Santorini, and William Hunter. Hunter's talents have been estimated by my late colleague, Matthews Duncan (a man well able to judge of ability in an obstetrician), as second to none, not even excepting, in his own capacity, those of his immortal brother John Hunter. William Hunter (1718-1783) came from Scotland to London as a pupil of William Smellies; he was, if we can compare him with his master, a learned and scientific, rather than a great clinical obstetrician. He practised both midwifery and surgery with great distinction, "he was a polite scholar, an accomplished gentleman, a complete anatomist, and probably the most perfect demonstrator as well as lecturer the world has ever seen." In 1764 he was appointed Physician Extraordinary to Queen Charlotte. Ten years later appeared his great work "On the Gravid Uterus," which had been in course

of preparation for twenty-four years. He died in 1783, aged 65.

William Smellie, another great obstetrician, was, like Hunter, a Scotchman. He began life as a general practitioner in Lanark, about 1716. He heard of the forceps in 1733. He came to London to learn midwifery, but found nothing that his seventeen years' practice in the country, with his diligent study and habit of note-taking, had not previously taught him. He studied under Gregoire for three months in Paris, and returned to London to practise. Smellie found little favour from his professional rivals. He is said to have delivered lectures at first for five shillings a course, but soon raised these fees to three guineas. He was never a fashionable physician, like his contemporaries Manningham, Maubray, or Douglas, but he did more for the advance of surgical obstetrics than any three men of his time.

The forceps prior to 1733, when Smellie is said to have first heard of it, had been employed with great success by Mr. William Giffard, surgeon and man-midwife, for in this very year Dr. Edward Hody, F.R.S., published a revised edition of "Cases in Midwifery," 225 in number, "which were for the most part attended with a great deal of danger and difficulty," and to which Mr. Giffard was summoned by midwives. The dedication of the book bears the date July 30, 1733.

In Case 14, April 8, 1726, he tried to deliver with his "extractor," but failed on account of the blades slipping, so perforated the skull, and by this means delivered. In Case 23, the head being impacted, he passed his "extractor" and drew the head with much difficulty forwards outside the labia, the child being born alive.

In this book is a drawing of Mr. Giffard's extractor, and also of an extractor as improved by Mr. Freke, surgeon to St. Bartholomew's Hospital. It is indeed a most ingenious instrument, a *multum in parvo*, for each blade is jointed in the handle so as to allow it to fold in two for portability,

and a crotchet and blunt hook form the extremities of either handle. From this it would seem that midwifery in the early part of the eighteenth century was practised by surgeons on the staff of St. Bartholomew's Hospital. Mr. Freke held that post from 1729 to 1755.

Mr. Giffard commenced recording the results of his midwifery practice in London in 1725. He died in 1731. Mrs. Elizabeth Nihell, professed midwife, in her treatise on the "Art of Midwifery," London, 1760, says that Mr. Giffard's extractor is supposed by Levret and others to be nothing more than the "windowed" forceps long before known.

In the year 1733, Edmund Chapman, surgeon, published an essay on "The Improvement of Midwifery, chiefly with regard to the Operation." He speaks of several different sorts of forceps, some very different in form to others, and claims, as his own improvement, doing away with the screw connecting the two blades so as to leave them free from one another.

Before this date, published in London, in 1719, was a valuable work, "A General Treatise of Midwifery," faithfully translated from the French of Monsieur Dionis, First Surgeon to the late Dauphinesses, and sworn Master-Surgeon at Paris, which contains chapters on diseases of women, notably one "On the Descent of the Womb, of the Relaxation of the Anus, and of the Hemorrhoids." In this, for prolapse, he mentions vaginal pessaries, some made of cork and some of silver.

About 1730, Palfin, a surgeon of Ghent, in Flanders, and Demonstrator of Anatomy in the same town, went to Paris and there presented to the Academy of Sciences an instrument, a midwifery forceps, for extracting by the head children stuck in the passage.

La Motte, in 1721, published a most valuable addition to obstetric literature from observations made between 1684 and 1720.

In 1724 appeared "'The Female Physician,' Containing all the Diseases Incident to that Sex in Virgins, Wives and

Widows," by John Maubray, M.D. He says, "The ancients having discovered the natural debility of the female sex, and that women are not only subject to all diseases in common with men, but also obnoxious to a vast many distempers peculiarly singular to themselves, were first moved to write particular books, and respective treatises upon these heads. The most wise and divine Hippocrates first breaking the ice, after him Diocles, next Ætius, and at last many others"; and at the end of the preface is written, "From my house in New Bond Street, over against Benn's Coffee House, near Hanover Square—1724." You will observe that upwards of 170 years ago gynæcology was discussed within a few yards of where we are now seated. Denman says "Dr. Maubray is reported to have been the first lecturer on midwifery in Great Britain. He gave lectures in his house in Bond Street about 1724."

Sir Fielding Ould, man-midwife, in a treatise on midwifery, in three parts, published in Dublin in 1724, was the first to describe the mechanism of labour in head presentation.

I find it recorded¹ that Dr. Nicholls, in the year 1749, with his lectures in anatomy and physic gave others in midwifery and the use of instruments, "although he subsequently stated that he never intended his lectures to induce men to practise the art as a profession, but to form the part of the necessary education of a surgeon in extraordinary cases."

It is worthy of note that it was in this year that the first Lying-in-Hospital in London was founded, viz., the British. Then, as I find in the Minutes of the City of London Lying-in-Hospital, "on March 30, 1750, at a meeting of Governors for establishing a lying-in hospital for married women in the City of London and parts adjacent, also for out-patients in physic and surgery, held at the Black

¹ "Man-Midwifery Exposed, or What It Is, and What It Ought To Be," &c., by M. Adams, London, 1830.

Swan Tavern, in Bartholomew Lane, London, it was resolved that Mr. Richard Ball, a surgeon and man-midwife, be appointed surgeon and man-midwife to the hospital." Queen Charlotte's followed in 1752, and the General in 1765. In the "Memoir of William Smellie" by Dr. McClintock we read "It seems highly probable that the establishment of maternity hospitals about this time in London for clinical teaching was in some measure the fruit of Smellie's influence and example." In 1748 William Hunter was elected one of the surgeon men-midwives to the Middlesex, and soon afterwards to the British Lying-in-Hospital. This was about twenty years after the recognition of men to practise midwifery by the College of Surgeons, and the College of Physicians of London, and the Society of Apothecaries.

In November, 1825, at a meeting held at the house of Dr. Granville, F.R.S., attended by the *élite* of the obstetrical practitioners of that time, the first English Obstetric Society was founded, with Sir Charles Clarke as its President, and one of its great objects was "to raise to a proper and dignified station the practitioner in midwifery." By memorials and letters to the corporate bodies, and through the Secretary of State for the Home Department, this was at length accomplished, but not without having met with great opposition.

In the *Times* of May 1, 1827, was published an address by Sir Anthony Carlisle, F.R.S., Surgeon to the King and to the Westminster Hospital, "to his Majesty's judges, coroners, and justices of the peace, cautioning them against the worldly designs and the injurious practices of men-midwives," and ending as follows:—"It is my firm conviction that the establishment and the further prevalence of man-midwifery sanctioned as a branch of surgery would compromise the justice of the country by exposing the lives of child-bed women and infants to many dangerous and unnecessary secret operations."

In the *Examiner* of June 17, 1827, a letter to the editor appeared drawing attention to a pamphlet, "On the Impropriety of Man being employed in the Business of Midwifery."

It speaks of the practice as "most odious, unnecessary, and cruel, and productive of infinite mischief; cruel to the modest wife and to the sensitive husband," and urges the editors of papers to use their powerful influence to suppress it. This was, however, fortunately unsuccessful, for the first Obstetrical Society, after exertions continued during three years, obtained the following points:—“(1) A recognition of the honourable position of obstetricians amongst the medical practitioners of the three corporate bodies. (2) An examination in midwifery by the Apothecaries' Company. (3) The admission of persons practising midwifery (being members of the College of Surgeons) to be eligible for a post in the Council. (4) The concession by the College of Physicians that licentiates practising midwifery shall not be ineligible for the Fellowship of the College.”

The barriers to the practice of midwifery by men being thus removed, obstetric practice soon fell largely into their hands. More than a century before this it had been so in France, for Dionis in his "Treatise of Midwifery" already mentioned, published in 1719, in a chapter headed, "Whether Women ought rather to make use of a Man-midwife, or a Midwife, in Labour," says: "The decision of this controversy must by no means be referred either to the midwives, or to the surgeons or men-midwives, for they are the two contending parties, and we know very well for whom they will respectively give it, 'tis more proper to leave it to women who bring forth children, and therefore have a real interest in the question. Princesses and ladies of quality give the preference to the men-midwives every day; good honest citizens' wives follow their example, and the tradesmen's and other inferior people's wives frequently say that they would certainly make use of 'em if they could afford to pay them handsomely, which shows that they all take themselves to be safer in the hands of the man-midwife than the midwife."

I think this may fairly be said to be the opinion in England at the present time; and, the necessity for handsome payment having been removed, attendance by men is almost universal except among the very poor.

It must have been observed that in all my quotations men-midwives have been spoken of as *surgeons*.

Dr. John Maubray, in 1733, writes, "Midwifery is certainly one of the most noble and useful chirurgical operations in being."

Dr. Thomas Cooper, in 1766, says, "Midwifery is strictly speaking a chirurgical operation . . . the study of midwifery as in itself an art, or as a *branch of surgery* only, should always be preceded by the study of mechanics and medicine," and further on he says, "some professors of surgery only pay too little attention to the study of medicine."

How thoroughly is this appreciated now. By the terms of the Medical Act of 1886, no man can legally practise midwifery who is not fully qualified also in medicine and surgery.

But midwifery and gynæcology are essentially surgical, and it is a mystery to me why those who profess and teach these subjects are ranked among the physicians in our great hospitals and medical schools.

As showing that I have long held this opinion, I would refer you to my Presidential Address in the Obstetric Section of the British Medical Association at Belfast in 1884, in which I compared the birth of a child to the passage of a calculus from the bladder. If natural expulsion is impossible, extraction by forceps, crushing, or cutting may have to be resorted to—unquestionably surgical operations.

I hope the time is not far distant when the title of obstetric surgeon shall be substituted for that of physician-accoucheur, and when this officer shall be ranked on the surgical, not as now on the medical, side of the hospital. It was necessary for me to obtain the membership of the Royal College of Physicians of London in order to qualify myself for the post of assistant physician-accoucheur to St. Bartholomew's Hospital. During my tenure of office I performed Porro's operation in obstetrics, and, in gynæcology, total extirpation of the uterus per vaginam for carcinoma, in the wards

of the hospital. Surely the College of Physicians did not contemplate that surgical operations of such magnitude would have to be undertaken by those whom they had admitted to their ranks as pure physicians! But undoubtedly such operations pertain to the obstetrician.

In conclusion, we may congratulate ourselves upon the large accession to our ranks which we have seen to-night. No greater compliment could have been paid to a newly-elected President. It will be my endeavour during my term of office to do my utmost to conserve and advance the best interests of the Society. The success of a society cannot, however, rest solely upon the exertions of the President and the officers with whom he is immediately associated. It must depend largely upon the general body of the Fellows, to whom I confidently appeal to support me by their regular attendance at its meetings, and by their contributing specimens and papers of interest, which will enhance the reputation and usefulness of the British Gynæcological Society.

Dr. BANTOCK moved "That the best thanks of the meeting be given to the President, Dr. Clement Godson, for his excellent address, and that he be requested to allow it to be printed in the next volume of the Transactions." The address was most interesting as giving a concise summary of the history of their art; for himself, he was specially interested in the reference to the pollution of streams as a cause of puerperal fever, and the remedy adopted, viz, the cleansing of the foul stream by flushing it with two other pure streams. The President had spoken of sewer gas as a theoretical cause of the fever; he (Dr. Bantock) took a rather different view, as he did not think the water could do harm unless it were drunk. It was well known that men who had to work in sewers did not necessarily suffer in their health; and he thought that they would get nearer the truth when they adopted the view that disease was caused, not by the inhalation of the gas, but by taking in, by drinking, the actual *materia morbi*. They must have all enjoyed the address. He thought it was an excellent augury for the

success of the year upon which they had entered that thirty-two new nominations had been made that evening.

Dr. ROUTH seconded the motion. He said that knowing something of what it was to examine the ancient lore of their profession, he could appreciate the labour it must have cost their President to seek out, from many languages, the facts he had given them. If the old writings were closely examined, much would be found concerning abdominal section, removal of ovaries, &c. Some years ago he was engaged in seeking out, for the Medical Society, something of the history of their branch of medicine; and in one book, whose name he had lost, he found reference to the "removal of the testes in the female," and to operations on the uterus. Much had been known from time to time, and in turn forgotten; and it was very instructive to turn up the records of days gone by, and find accounts of what, in their own day, was supposed to be new. They must all feel greatly indebted to the President, who had sought out these things for them, and given them the benefit of his research in the address they had just heard.

The motion was carried with acclamation.

The PRESIDENT briefly acknowledged the vote of thanks.