The annual oration of the Hunterian Society for 1875 / by Henry Gervis.

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THE

ANNUAL ORATION

OF THE

HUNTERIAN SOCIETY

FOR

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BY

HENRY GERVIS, M.D. Lond.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS;

OBSTETRIC PHYSICIAN AND LECTURER ON OBSTETRIC MEDICINE AT ST. THOMAS'S HOSPITAL; PHYSICIAN TO THE ROYAL MATERNITY CHARITY; VICE-PRESIDENT OF THE HUNTERIAN SOCIETY.

[Published by request of the Council.]

LONDON:

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J. E. ADLARD, BARTHOLOMEW CLOSE.

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E. Denison Esq
with H.E's kind regards.

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ORATION.

Mr. President and Gentlemen,—

My first duty this evening is to express the thanks I feel for the honour done me by the invitation of the Council to deliver this year the annual oration. I am indeed deeply sensible of my inability to address you in any way worthy of the long line of distinguished men who have preceded me in this chair, and I am only reassured when I recollect that I am to speak before a society whose meetings are ever characterized by a genial and kind considerateness, and among whose members the tie of membership is a tie of friendship also.

In the present utilitarian age it has been not infrequently suggested that introductory addresses and annual orations are of little use, and might well be laid aside; but I am disposed to think, on the contrary, that these anniversaries in the life of a society have very much both of interest and value attaching to them; that they are milestones, as it were, in our professional journey, marking the ground we have got over,

and the progress we make; that they give occasion for pleasant and attractive reunions, the pleasure only dashed, alas! by the remembrance of friends taken from us all too soon; and that, in a word, the custom of looking back each February at the work accomplished, and forward at the work next to do, is a custom alike interesting and useful. And particularly is this so when, as with us this evening, the retrospect is full of encouragement and the prospect of hope.

My recollection of the professional life of the past is of course limited by the side of that of many here, but yet it reaches back to the time when, in the country at all events, the fevers were undifferentiated; when tuberculosis and struma were looked upon as one and the same diathesis; when the clinical use of the thermometer was unknown, and the ophthalmoscope uninvented; when mercury to ptyalism was the routine treatment for every form and stage of specific disease, and venesection for nearly every variety of visceral congestion. To multiply such illustrations of the theory and practice of the past from general medicine, and to recount the steps by which so many earnest workers have advanced our knowledge and enlarged our powers, would be a task alike pleasant and inspiriting; but with the President of the year, an obstetrician of the eminence of Dr. Barnes; it having been my privilege for the past thirteen years to have been associated with him in the work of his special department; and the subject of obstetric medicine not having been reviewed for now a long time at these annual gatherings, I have thought it would not be inappro-

priate if, in glancing for a few minutes at past and present, I recalled to your remembrance, with more especial particularity, some of the strides forward which obstetrics and gynæcology have made.

Until the present century, for cases of ovarian tumour, beyond recourse to tapping, where tapping was practicable, there was no available remedy in the hands of the profession. And yet in a lecture delivered in 1785, the illustrious surgeon whose name this Society has with just pride adopted as its distinctive title, and whose genius this Address commemorates, speaks thus :—"I cannot see any reason why, when the disease can be ascertained in an early stage, we should not make an opening into the abdomen and extract the cyst. Why should not a woman suffer spaying without danger as well as other animals do? The merely making an opening into the abdomen is not highly dangerous. In a sound constitution perhaps a wound into the abdomen would never be followed by death in consequence of it." These weighty and suggestive words of Hunter, and suggestive beyond what has even as yet been attempted, for he speaks of the removal of the cyst at an *early* stage, bore, however, no immediate fruit. He himself never appears to have attempted the operation he foreshadowed. Ten years later, John Bell, in his Edinburgh lectures, added his own opinion to that of Hunter as to the practicability of the removal of ovarian tumour by operation. Still the operation remained unattempted. But among the students attending his class was one from Virginia in the United States, by name McDowell, and to him belongs the

fame of being the first surgeon who put the suggestions of Hunter and of Bell to the test of practice. Some sixteen years after the date of McDowell's first ovariotomy in 1809, the first operation in this country was performed by Professor Lizars in Edinburgh, and with a successful result. Two years later Dr. Granville operated for the first time in London, but unfortunately without success. During many years after this date various attempts at ovariotomy were made both by London and provincial surgeons. In the country several were successful. In London none until so recently as the year 1842, when the first successful operation was performed by a former President of this Society, the late Mr. Henry Walne. And to another of our past Presidents, and one whose memory is still green among us, I learn, from the classical work of Mr. Wells, the steady progress of the operation was much indebted. As a former pupil of Mr. Solly I cannot indeed deny myself the pleasure of reading to you the paragraph I refer to. "In 1846," writes Mr. Wells, "Mr. Solly assisted materially in the progress of ovariotomy by pointing out one of the causes of danger and the means of avoiding it: taking advantage of an unsuccessful case which occurred in his practice at St. Thomas's to teach his pupils and professional brethren that retractation of the pedicle behind the ligature is very likely to occur, and to lead to fatal hæmorrhage unless prevented by great care. His clinical lecture published in the Medical Gazette in 1846, contains a masterly review of the arguments for and against the operation, which must have had considerable

effect on the profession at the time." Years, however, still rolled on without the operation gaining any very sure footing among the recognised expedients of surgery. Condemned by many as altogether unjustifiable, and regarded by nearly all as so hazardous that its adoption should most rarely be permitted, for a dozen years after the date of this lecture of Mr. Solly, scarcely as many operations are recorded. But in 1858 Mr. Spencer Wells performed the first of that remarkable series which by 1872 reached to 500, and thus, in conjunction with other surgeons, prominently among whom appear again two other former Presidents of this Society, Mr. Hutchinson and Mr. Bryant, established the operation of ovariotomy among the beneficent triumphs of our art.

With the names of John Hunter and of four at least of those who have filled its presidential chair, thus closely linked with its rise and progress, it is certainly not unfitting for our Society, on the occasion of its anniversary, to regard the present position of ovariotomy with particular interest. All further improvement in connection with the treatment of ovarian disease must still, so far as we can at present see, arise in connection with its surgical aspect. Medicine can, I fear, offer no remedy, at all events for the disease when developed. Whether with the progress of knowledge we shall find it possible to check and control its growth by medicine, is a problem to which an affirmative answer may possibly some day be given. It would seem not unscientific to hope that if it should appear, *e. g.*, that the starting point of ovarian cystic

disease were undue ovarian activity leading to hypertrophied growth of the Graafian vesicle, a check to the further development of the disease might be found in the use of those medicines which are ovarian sedatives and lessen ovarian activity; or if, as Dr. Richardson suggested in that weighty address to which we listened in this theatre last year, we should learn the secret of controlling pectous changes, we could then possibly prevent that thickening of the ovisac to which he thought it probable the accumulation of its fluid contents might be due. But, at present, by pretty general consent drugs are allowed to be powerless, and the further advance of our position with respect to these cases is to be sought in the improvement of our diagnostic skill, in the settling of data to guide in the selection of fit cases for operation, in bringing possibly at some future day, in accordance with that suggestion of Hunter to which I have referred, early as well as advanced cases within the range of operative procedure, in the treatment of the pedicle and in the management of the after-symptoms.

As regards diagnosis, I doubt not there will be cases of occasional occurrence perplexing from their complication to the most skilled observer, but we may fairly hope that with increasing knowledge of the natural history of the disease, and a greater perfection in the use of diagnostic appliances, such, *e. g.*, as the needle-aspirator, a fewer number of mistakes will occur in the future than the past. I have been told, indeed, by best authority, that an average number of ten cases is annually sent into a special hospital of repute, to be

operated upon as cases of ovarian disease, and prove to be cases of pregnancy ; appearing subsequently in the records of the institution as cases of hydrosarcoma. *This* average at least we may hope will undergo a progressive diminution.

The selection of fit cases for operation is only second in importance to accuracy of diagnosis. As yet every case I have been associated with in private practice has made a good recovery ; and in several the adhesions and complications have been as serious as in some, at all events, of the less successful cases in hospital practice. Not long ago I was present at an operation by Mr. Wells on a patient I had previously had an opportunity of seeing, and when the incision through the peritoneum was made I thought now at last this is a case that will end badly, for the cyst had ruptured, as it turned out, probably some day or two before ; the pelvic and peritoneal cavities were occupied with quantities of escaped gelatinous matters, and the peritoneum was almost everywhere in a state of acute inflammation. But the result was better than our fears, and the patient made an excellent recovery. This average better success in private than in hospital practice appears to me to indicate, among other points, the great advantage there is attaching to the better hygiene of private residences or of such hospitals as may be, for the purposes of this operation, nearly equivalent to them, and the great importance of previous attention to the general health ; and this latter consideration would probably apply, not only to ovariotomy, but to other great operations of general surgery

also. Too often the patients admitted to our hospitals have been engaged almost up to the time of their admission in the arduous work necessitated by poverty, and with their health undermined by its cares and privations are thus at a serious disadvantage with respect to their fitness for operations compared with their more favoured sisters in the social scale. If among the philanthropic institutions of the age some one could be established, corresponding to a great extent with the convalescent homes of Walton and Margate, but having for its object to provide for the improvement of health *before*, instead of after, admission to a hospital for the performance of operation in the case of chronic disease, it is more than likely that the level of the patient's health being raised, the issue of operation would be more frequently successful.

As regards the treatment of the pedicle, the balance of advantage appears to be on the side of the use of the clamp, and of keeping the stump outside the abdominal incision ; but if by the use of the cautery, or the galvanic écraseur or some styptic application, the day shall come when the pedicle can with equal safety be dropped into the peritoneal cavity, much discomfort, to say the least, both immediately after the operation and often for long subsequently will be spared to the patient.

Lastly, as regards the after-treatment. Peritonitis is our most formidable enemy and by very far the most frequent cause of death. The chief question, therefore, with respect to the after-treatment is—How best shall peritonitis be warded off? So far as my own observa-

tion goes, the most favourable results as yet have been obtained from the early administration of opium ; but it appears at least possible that in the constant local use of ice—as recommended, indeed, for its treatment when established, but not as yet with a success at all encouraging—a better preventive still may be found.

But it is not alone in the management of cases of ovarian disease that gynæcology has of late made so considerable an advance. Not many years ago patients with fibroids of the uterus were for the most part looked upon as suffering from a hopeless and helpless malady, and uterine polypi were removed after much hesitation by the daily tightening of a ligature around their pedicle. Now, there are but few cases of uterine myoma or even fibro-cystic disease, in which we are unable either to effect a cure by their enucleation, or if this be impracticable, by some lesser operation to give substantial relief; and the removal of polypi, however large, is an affair of seconds or minutes instead of days. As yet, it is true, in cases of large intra-mural or sub-peritoneal fibroids, which cannot be successfully attacked by intra-uterine operation, their entire removal by gastrotomy must be looked upon as an operation still *sub judice*. Partly this is so doubtless from the fact that such growths, even when large, are far less prejudicial to health than ovarian tumours of corresponding magnitude, and partly also because their main symptoms of hæmorrhage and pain are far more capable of being relieved by medicinal or chirurgical means. But still a sufficient number of successful cases has already occurred, Kœberlé, *e.g.*,

reporting a cure of four out of six, and Péan of seven out of nine, to render it probable that, at no very distant future, no patient with a fibroid growing so large as to threaten life from its interference with vital function, will be permitted to die without the possibility of its removal by abdominal incision being considered, and considered as an operation possessing a fair prospect of success. In the case of polypi the section of their stem by the wire écraseur, or their excision by the scissors, has effected an improvement in the method of procedure of the greatest advantage. In my student days the pedicle of the polypus was invariably strangulated by a whipcord ligature passed around it by a Gooch's double canula, and from the necessity of leaving the canula *in sitû*, to effect the daily tightening required, the patient was not only compelled to keep her bed, for it might be weeks, but the mortality from septicæmia connected with the progressive necrosis of the polypus was disastrously great. Now, whatever may be the size of the polypus, and however large or tough its pedicle, we do not hesitate at one sitting to remove it, and the mortality is almost nil. The recent use of galvanism to render the écraseur wire more efficacious still, both for section of tissue and checking hæmorrhage, is yet another step forward. For pedunculated tumours it does not, indeed, appear to me to have much advantage over the unheated wire, but for sessile growths its advantage is great. And the galvano-cautery is equally useful with the galvanic wire. For many years, for example, we have been able with the écraseur to remove, and with much resulting

benefit, the cervix of a uterus which had become the seat of epitheliomatous outgrowth. Now, with the galvanic cautery, either immediately after removal of the cervix, or, as I rather prefer, some little time afterwards, we are able, with greatly increased efficiency, to attack whatever of diseased tissue may remain beyond what can be included in the wire of the écraseur.

Gentlemen, tempting as it is to refer thus to the recent progress of gynæcology, I will not linger longer in its domain than to recall to your remembrance the present treatment of endometritis by the direct application to the uterine interior of appropriate remedies; the relief that has been secured for retroflexions by the lever pessary, and for anteflexions by the cradle, or the intrauterine stem; the more accurate classification that has been made of the various causes of dysmenorrhœa and the more exact treatment thus rendered possible, and the readier recognition that now prevails of the occurrence of pelvic hæmatoceles, both slight and grave, and I think I shall have dwelt sufficiently long on the advance our art has made in the treatment of uterine disease.

And not less satisfactory will be our glance backward at the recent progress of obstetrics. In the general adoption of the long curved forceps in preference to the straight; in the more systematic induction of premature labour where known pelvic deformity would otherwise have necessitated craniotomy, and in the improvements in the method employed; in the greater mastery gained over cases of placenta prævia by the use of the hydrostatic dilators, and in the introduc-

tion of cephalotripsy we have instances of marked and definite progress equal to those any sister art can show. But, in addition to these, there are yet two more to which I would refer somewhat more fully, and with which the names of our president, Dr. Barnes and of a former orator, Dr. Hicks, will be ever honorably connected; the treatment, namely, of uterine hæmorrhage by the injection of the perchloride of iron and the bi-polar execution of version. The application of styptics to the inner surface of the uterus in intractable cases of post-partum hæmorrhage had been advocated by more than one continental writer, some little time before Dr. Barnes first in this country wrote approvingly of the practice. But for its introduction as a practical expedient among us; for the method of using the styptic selected; for the entire details, indeed, of the process, and for its persistent maintenance as a valuable, nay, as an invaluable aid to our resources against unceasing and often acrimonious opposition, we are wholly indebted to Dr. Barnes. The controversy that has taken place about this procedure, and that even now is rather lulled than ended, has been one of the most animated of recent years. But gradually the reasonableness of the practice has come to be generally acknowledged, and by most it is now deemed better to let the patient run the slight risk there may be from metro-peritonitis, or even from shock, than helplessly to die from a blood loss which no other means can check. In the case that has been narrated as a warning, with most minuteness of detail by those who oppose the practice, a case that occurred

at the Endell Street Hospital, the perchloride injection was used not for primary but for secondary hæmorrhage; after death a portion of retained though unadherent placenta was found lying in the uterine cavity, and the iron preparation used was the strongest undiluted solution of the Pharmacopœia. In these two latter circumstances, and especially in the last but one the conditions laid down by Dr. Barnes were unattended to. Before using the perchloride he lays it down as essential that the uterine cavity be empty, which in this case it was not; and the solution used was four times as strong as that recommended. This case, therefore, at least, cannot be accepted as affording fair grounds for adverse criticism. My own experience is wholly in its favour. I have never known it do harm, and only in one case have I known it fail to do good. In that case a delicate woman, with health undermined by hard work and privation, a patient of the St. Thomas's Lying-in Charity, had severe post-partum hæmorrhage coming on an hour after labour, and in spite of the use of the perchloride and of every restorative measure she died. But even here I hardly think it can be said that the perchloride failed, for although it did not succeed in causing the uterus to contract, it so efficiently constringed its interior that after its use scarcely any but the slightest hæmorrhage occurred. And this failure to arouse contraction points, I think, to the true moral of the case, that vital power was exhausted by the primary gush, and that the remedy needed was transfusion rather than, or at least as well as, the styptic injection. But while thus gladly adding

my testimony to that of others in favour of the use of the perchloride, I would not assert that it is a proceeding incapable of improvement. In suitable cases I am much in favour of its application by means of a sponge to the uterine interior rather than by syringe; I have often found that a solution less strong than that recommended is equally useful to attain the end sought; and it may yet come about that some other styptic altogether is found to have superior advantages over the iron solution. But even as it stands at present it adds so powerful a weapon to our armoury, that every labour is rendered less anxious to the attendant by the assurance that in the most dreaded emergency of parturition, he has at hand the means of grappling with it, although, alas! as in the case I have referred to, now and again, so much blood may have been lost before he can apply the remedy that with it life may have ebbed away for ever.

I would, gentlemen, that I could tell you that the expedient of transfusion to which just now I made a passing allusion, and which remains as our last resource in the crisis we have been contemplating, had been settled as to the best method of its performance on a clear and certain basis. But as yet it is not so, and transfusion remains a process still needing further elucidation. It is, nevertheless, a subject that has occupied attention from almost the earliest times, and even now a committee of the Obstetrical Society is engaged in collecting and arranging evidence with respect to it. At first sight it seems both plausible and easy to replenish in a person faint from loss of blood the

supply of that important fluid from another source. But in practice it is far otherwise. Among the points as yet not absolutely settled occurs not only the question as to the best mechanical contrivance to be used, but also whether transfusion should be mediate or immediate, whether it should be with pure or with defibrinated blood, or with blood rendered non-coagulable by the addition of some alkaline salt; whether some other fluid altogether, such as milk or some saline solution, would be preferable; or even the blood of some one of the lower animals. So far as my own observation has gone, the method of immediate transfusion from arm to arm, advocated by Dr. Aveling, and the convenient and handy apparatus devised by him for its conduct, appear at once the simplest and best.

Although at present, therefore, the amount of experience necessary to speak with entire confidence on this matter may be wanting, we may fairly hope that the time will yet come when the aphorism enunciated by Dr. Barnes, "that no woman should be permitted to die of hæmorrhage," will be generally accepted and acted on amongst us. At any rate, when by styptics to the interior of the uterus we have checked further loss, and by injection, if need be, of fluid into the veins, in addition to the internal administration of nourishment and stimulants, we have endeavoured to make good the loss that has already occurred, we shall have acted in its spirit, and done all that appears at present possible towards ensuring the safety of our patient. But yet, when all is done, it seems to me that life is so variable

a quantity in different individuals, that an amount of hæmorrhage trifling in its effect to many will probably ever be fatal to some, and that so, however perfect may become our appliances and our skill, now and again, though far more rarely than in days gone by, hæmorrhage will have still to be recorded among the causes of death in our tables of mortality.

With one more reference, and I leave these slight sketches of the good work accomplished in the department of obstetrics. The merit of the introduction among us of the bimanual method of version rests with Dr. Hicks. The gain to us has been very great. Doubtless before his treatise appeared, the plan of assisting version by steadying the uterus by one hand on its exterior was generally adopted, and more than one author had written on the possibility of effecting a change in the position of the child in utero by external manipulation alone. But Dr. Hicks has shown us how while the os uteri is still but little dilated, too little by much for the introduction of the hand into the uterine interior, yet that by pressure with a finger on the fœtal head in a direction upwards and to one side, while the hand externally presses the child's opposite pole downwards and to the other, its revolution can be successfully accomplished. And in cases where not the head but the shoulder presents, the recollection of the advantage gained by acting consentaneously on the two poles of the fœtal ovoid is of constantly recurring service.

Gentlemen, to check a hæmorrhage by applying a styptic to the bleeding surface, and to effect the rotation on its axis of the fœtal body while still in utero by

pressing its ends in opposite directions, appear sufficiently simple problems now they have been worked out for us, but they are admirable illustrations of the value of that method of induction which has done so much for our science, and as such I am sure you will pardon this brief reference to them.

So far this evening we have been admiring the golden fruits which culture and genius have produced in but one department of medicine, and, did time permit, I might call your attention to the results of practical and scientific work in its other departments as remarkable and beneficent as those we have been contemplating. I might speak to you of the many triumphs of conservative surgery which have been won, since first the illustrious surgeon whose birthday we celebrate to-day, tied the femoral artery for popliteal aneurism, instead of amputating through the thigh; of the gains of practical medicine associated with the names of many who have filled your presidential chair, from Richard Bright to Herbert Davies; of the great progress of pathological knowledge and the numerous additions to the appliances of pharmacy. And in all we should find much solid ground for mutual congratulation. But encouraging and inspiriting in so many of its features, as is our professional progress, there still remains much work for us all to do. We need further insight into the chemistry of life, and the chemistry of disease; into the properties, *e. g.*, and the correlations of the secretions; into the characters of the blood in the various toxæmias; into the nature of septic agents, into the

nature of germ organisms; and into the nature of contagia, febrile, exanthematous, and pyæmic. We still have much, very much, to learn as to the actions of medicines, physiologically, and therapeutically, in health and disease, and we cannot yet say that the treatment of disease is settled upon an entirely satisfactory basis. In all three directions we are making good progress; perhaps in the last as yet the least, and this probably, indeed, because a knowledge of vital chemistry and a knowledge of the action of medicines must necessarily precede much advance in the application of this knowledge to the treatment of disease. There still remain among us so many contradictions apparent or real in our theories and our therapeutics, that we can scarce wonder at the laugh that is sometimes raised at our expense. To on-lookers it must appear somewhat odd, to say the least, that some treat scarlatina with acetic acid, and others with ammonia; that delirium tremens is attacked from one quarter with digitalis, from another with opium, and from a third with emetics; and that the treatment of rheumatism ranges from blisters to mint-water, while its essence is held by some to be a neurosis and by others a toxæmia. Emerging from the early days of the world's history as a system based upon empiricism, the tendency to treat disease empirically, and only empirically, lingers still. Not for a moment would I wish to deny the good results we have often gained, and still do gain, by this method of practice; but I trust and believe the day will dawn, and dawn before long, when medicine will become in its completeness a

science, and when in treating disease we shall feel an equal certainty as to its nature, and as to the line along which we ought to proceed, leaving only the details to be dealt with according to the practitioner's experience, and the special circumstances of the case. But to reach this higher level much patient work is still needed; individual work such as we all can do at the bedsides of our patients, and collective work such as is accomplished at the meetings of a society like this, and that yet harder work of the close questioning of nature which in the physiological laboratory in the hands of a Richardson, a Bernard, or a Klein, gives us each year yet deeper insight into the mysteries of life. Every time we note with accuracy a new fact in the history of a disease, whether of cause, or symptom, or progress, we contribute something towards completing the catalogue of those ills of which, knowing the essence, we know also the possibilities in connection with their treatment, and towards lessening the number of those for which at present we can do little but mitigate symptoms, or in the expressive words of Sir Thomas Watson, "combat the tendency to death."

May I be pardoned for turning once more to the department of obstetrics for illustrations of these two classes of the known and the unknown, and of our relations to them as practitioners? A lingering labour has at length been brought to a conclusion, and mutual congratulations, it may be, are going round on its favourable termination, when a sigh or a restless toss upwards of the arm is a storm-signal warning the doctor of the approach of danger. He knows at once

that a relaxing uterus is permitting a hæmorrhage which threatens his patient with a faintness possibly fatal. Does he hesitate as to what is the right thing to do? Fortunately no. Assured in his knowledge of the conditions present, he strives instantly to stimulate the tired uterus to contract, either by the direct application to its muscular walls of such excitants as cold or pressure, or indirectly through its nervous supply by such medicines as borax or ergot. And should its inertia be such that neither direct nor indirect stimulation can arouse its flagging energies, by internal styptics he can still hold the hæmorrhage in check. Knowing how and whence comes the danger, and with a clear view of the end to aim after, to that end he is able accurately to adapt the means he uses. But suppose within a few days, or it may be hours of her confinement, his patient becomes feverish, with a rapid pulse, a flushed face, frequent sickness, a distended abdomen generally, though not invariably more or less tender to the touch, and an exhaustion which rapidly tends to death. On what line is he now to act? What definite view has he of the malady upon which to base his treatment? Does it start from some local inflammation of uterus, or peritoneum, or vein, or is it a toxæmia, pyæmic or septicæmic, connected with some utero-vaginal injury during labour; or is it due to the infection of some specific zymotic poison capable only of influencing puerperal women and producing a specific fever; or does he deem every puerperal febrile state, if even he can trace it to the infection of scarlatina, or erysipelas,

or typhoid, to be puerperal fever, and so cast about him for the particular cause in each particular case? It would be foreign to my purpose, and equally so to an occasion like the present, to discuss a subject so large and so involved as the etiology of puerperal fever, but it offers an apt illustration of the bearing of pathological uncertainty on therapeutical success.

Were we agreed as to the essence of puerperal fever, and agreed as to the group of symptoms to which to limit the term, we might, I think, fairly hope to be more successful than has hitherto been the case in our contests with this formidable malady. Could we, *e.g.*, accept as fully proved the views of Professor Martin, of Berlin, that the essential feature of puerperal fever is a diphtheritic deposit affecting primarily the mucous surfaces of the utero-vaginal tract, especially where denuded as at the placental site, or torn as in the chance lacerations of labour, and that the local and general manifestations of the disease arise from the spread of spore formations locally through the fallopian tubes to the peritoneum, or, generally, through the medium of the veins and lymphatics, how greatly increased would be our satisfaction and probably our suceess in the treatment of these cases. Whether or no there is any specific cryptogam which constitutes the contagium of puerperal fever, and I think at present, at all events, it must be considered an unproven, though an interesting and not unreasonable theory, I should like, in passing, to add my testimony to that of others, that as in faucial diphtheria so here, local treatment is of the greatest possible value, and that the timely and

efficient use of disinfecting intra-uterine injections will often be followed by a marked and rapid subsidence in the gravity of the symptoms. Marion Sims, *e.g.*, thus writes, and I can entirely corroborate his statement: "I have often seen the pulse fall eight or ten beats in the minute, and the temperature one degree, within ten minutes of washing out the cavity of the uterus."

It would not be difficult, gentlemen, to multiply these illustrations from other departments of medicine; the causation of jaundice when it occurs independently of mechanical obstruction to the bile-duct; the etiology of some forms of pyæmia; the nature of tubercle and cancer; the pathology of chorea and purpura, are readily occurring examples of problems still not wholly solved, and whose complete solution will be followed by a corresponding advance in the certainty, if not the success, of their therapeutics. In speaking of this class just now, the class as to which we are yet at some distance from a perfect knowledge, I said we could do for them little but mitigate symptoms, and combat the tendency to death. But I do not know that I ought to speak of this aid as slight. It falls short, indeed, of the higher level we have been contemplating, but it still is good work and true, and of high utility. A patient suffers from a neuralgia whose etiology is obscure or inaccessible. Unable to remedy the cause of his suffering, we yet can surely mitigate it by sedative medicines or hypodermic injections, and so alleviate where we cannot cure. Or he is suffering from the secondary results of specific disease. Our knowledge of syphilis is still incomplete, though greatly in advance of

what it was when Hunter, with less than his usual accuracy, wrote as if all varieties sprang from one poison ; but we yet know for a certainty that, in the majority of cases, these secondary symptoms will yield to the judicious administration of mercury, though we cannot perhaps, with equal certainty, say why ; and we further know that should, unfortunately, tertiary symptoms have occurred, that in the salts of iodine we have a remedy which scarcely ever fails. Or he is prostrate with typhoid. We may hope ere long to know what the exact contagium is which transferred from patient to patient originates that series of phenomena we call enteric fever ; and it may well be that following this knowledge, at no distant date, we may discover some remedy capable of directly antagonizing it. But even now we can, at all events, moderate its effects on the glandular structures of the intestinal tract, and combat the tendency to exhaustion which attends its multiplication in and elimination from the system. Such are but two or three illustrations of the utility of medicine, even where our knowledge of the maladies in question is not complete ; to multiply them would be easy, for they are of daily occurrence, but before an audience as the present adding to their number would hardly add to their force. We may often long, indeed, for surer knowledge and keener weapons, and feel sometimes dismayed at the difficulties which beset the study of the dynamics of disease, difficulties arising among other causes from the fact that individuals differ as widely in their pathological as in their moral and material characters ; but yet amidst our regrets, and in spite of

our occasional dismay, and in spite, too, of hostile criticism from without, and the caprices of fashion among ourselves, we feel that our work is honorable and trustworthy, and our science both sure and progressive.

One such eddy in the current of professional opinion arose not long ago as a reaction against the over-dosing and then over-stimulating plans of treatment successively in vogue, and it became the fashion to decry all active medicine, and to urge our simply waiting in an expectant attitude for such indications as nature might give. An extreme of credulity was followed by an extreme of scepticism. But this feeling, though for a time active and influential, has had little permanence, at least in its extremest form. It was difficult to persuade men who had seen the effects, say, of bromide of potassium in laryngismus, of chlorate of potass in ulcerative stomatitis, of quinine in strumous ophthalmia, of arsenic in some forms of vertigo, and of iron in some forms of anæmia, that medicines were but of slender value, and that our power lay mainly, if not wholly, in the regulation of hygiene and diet and nursing. Important as these undoubtedly are, they are not the exclusive, and I venture to think not the most important of the weapons at our disposal. The prominence that has thus, however, been given to these adjuncts of our art has been doubtless of the greatest value, and now as a rule to both aspects of the treatment of a case, to the circumstantial no less than to the pharmaceutical, we give their appropriate care. Our treatment is of the case, and not simply of the malady.

But, gentlemen, however varied, and even diverse may be our views of pathology, or extreme our partiality for particular plans of treatment or methods of cure, our ultimate aim is one—the greatest good of the greatest number. Influenced by that feeling of Duty, which, in the eloquent words of Mr. Gladstone, "rises with us in the morning and goes to rest with us at night; which is co-extensive with the action of our intelligence; which is the shadow which cleaves to us, go where we will, and only leaves us when we leave the light of life," in the presence of danger and death we think little of divergent theories, but everything of the welfare of our patient. To combat with disease is our life-work, and our victories in the battle are our ample reward.

PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.