

The annual presidential address delivered before the Obstetrical Society of London, February 2nd, 1898 : with an appendix containing a list of the published writings of the late Sir T. Spencer Wells, bart., and the late Dr. J. Braxton Hicks, F.R.S. / by C.J. Cullingworth.

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THE
ANNUAL PRESIDENTIAL ADDRESS

DELIVERED BEFORE THE OBSTETRICAL SOCIETY
OF LONDON, FEBRUARY 2ND, 1898.

2,

WITH AN APPENDIX CONTAINING A LIST OF THE PUBLISHED
WRITINGS OF THE LATE SIR T. SPENCER WELLS, BART.,
AND THE LATE DR. J. BRAXTON HICKS, F.R.S.

BY

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ANNUAL ADDRESS.

IN selecting a subject for his address on taking office, your President has full liberty of choice. It is not so when it comes to the address at the close of the Session. Tradition and custom have here marked out certain definite lines which it behoves him to follow. It is his duty to lay before the Fellows a statement of the present condition of the Society, a review of its work during the past session, and some account of the life and labours of the Fellows whom death has taken from us during the year.

First, then, permit me to say a few words as to the present condition of the Society. At the beginning of the year I ventured to give expression to my belief that we should have a peaceful session. It seemed likely that certain burning questions would, at least for a time, be allowed to rest. I am happy to say that this prediction has been fulfilled. During the past year the Society has not been disturbed by any of those menaces from without that two years ago led my predecessor to compare the Society to "Andromeda chained to a rock and momentarily expecting destruction."

The Report of the Chairman of the Board for the Examination of Midwives has shown that the alterations made in the Society's Certificate, to meet the wishes of the General Medical Council, have not had the effect of diminishing the number of candidates. So far from this being the case, the work devolving upon our Examiners is continually increasing, and the Society's Certificate is in greater demand than ever. This is to be accounted for partly by the fact that the Certificate of this Society, being granted after an examination conducted not by the candidate's own instructors but by an independent body

of Examiners, is found to be a more valuable possession, by applicants for public appointments, than any other Midwives' Certificate granted in England, and partly also by the increasing proportion amongst the candidates of women of intelligence and education, who, when once they have made up their minds to qualify themselves for examination, are not content until they have obtained the Certificate that stands the highest in professional esteem. But notwithstanding the success that has attended the scheme of voluntary examination instituted by the Society, it must be clearly understood that the Society undertook the work merely as a temporary expedient, and from a sense of public duty, after having tried in vain to induce the Government to move in the matter; and that it will only be too glad to relinquish it whenever the State can be prevailed upon to take upon itself functions that properly belong to it, and that it alone can adequately fulfil.

The number of Fellows on our roll has somewhat diminished during the past year. On January 1st, 1898, the total number was 711, comprising 8 Honorary Fellows, 3 Corresponding Fellows, and 700 Ordinary Fellows. On January 1st, 1897, the total number on our list was 741. During the past year 9 Fellows have died, 24 have resigned, and 20 have had their names removed for non-payment of their subscription. On the other hand, only 23 new Fellows have been elected. This is too small a number to fill the gaps occasioned by the various circumstances which I have indicated, and which are inevitable in every human society. I sincerely hope that we shall all of us during the coming year endeavour to enlist in our ranks at least one, if not more, of our younger brethren. The harvest is plenteous, and more labourers are needed. The unsolved problems and unexploded errors in obstetrics and gynaecology are still legion, and this Society will always give a hearty welcome to good scientific work, by which alone these problems can be solved and these errors rectified. Nothing in the way of official application or canvass can ever be so effectual as the personal appeal of one friend

to another, and I earnestly beg those of you who have yourselves felt the benefit of the stimulus of association to try to induce at least one friend to follow your example and join our Society during the current year.

The Society has during the year 1897 lost two of its Trustees,—one, Sir Spencer Wells, by death; the other, Dr. Robert Barnes, by resignation. Of the life and work of Sir Spencer Wells I shall speak presently. With regard to the resignation of Dr. Barnes, I am quite sure that I shall only be expressing the feelings of every Fellow of this Society when I characterise that occurrence as an event that from every point of view is greatly to be regretted. As one of the leading British obstetricians of the latter half of the present century, as an original Fellow and past President of this Society, and as a contributor to its 'Transactions' of no fewer than thirty-two papers, Dr. Barnes is rightly held to have been one of the most distinguished Fellows whose names have appeared on the Society's roll. It was therefore, as you may imagine, with much sorrow that your Council received the announcement of Dr. Barnes's wish (for reasons doubtless satisfactory to himself) to resign his Fellowship, and to be relieved of his office as Trustee. Dr. Barnes was urged to reconsider his decision, but as he was unable to see his way to do this the Council had no alternative but to accept the resignation. The two vacant Trusteeships were filled by the election of Sir John Williams and Dr. J. Baptiste Potter, both of them past Presidents of the Society, warmly attached to it, and ever ready to watch over and defend its interests.

The papers read during the past year may for convenience be classified into obstetrical and gynaecological. The obstetrical papers were six in number.

1. The first was a paper on "Breech Presentation with Extended Legs," by Dr. W. S. A. Griffith and Dr. Arnold Lea, read at the January meeting. Notes were given in the paper of seventeen cases of this presentation, and remarks were made upon the diagnosis, the course of labour, the

mechanism of delivery, the frequency of its occurrence, the prognosis with regard to the child, and the management. An interesting discussion followed, which was greatly facilitated by the admirably concise manner in which the authors summarised their conclusions at the close of their communication.

2. "The Treatment of Placenta Prævia by Champetier de Ribes' Bag" formed the subject of a paper by Dr. G. F. Blacker, read at the April meeting. The author gave the details of five cases treated by himself in this way, and seventeen cases similarly treated by others. The bag was employed by introducing it into the amniotic cavity after rupture of the membranes. In only one case did severe hæmorrhage occur after its introduction. Of the mothers, one died of septicæmia, probably contracted before admission to the hospital; five had an insignificant elevation of temperature during the puerperium, and the rest made an uninterrupted recovery. Of the twenty-two children, eight were born dead, and four died subsequently, giving a total mortality of 54·5 per cent. No difficulty was experienced in introducing the bag, and preliminary dilatation of the cervix was found unnecessary. The author enumerated the advantages claimed for this mode of treatment, including especially a diminution in the foetal mortality, and concluded by a consideration of the objections that had been raised against it. In the discussion that followed the speakers expressed themselves as disposed, for the most part, to regard this mode of treatment with favour, as a preferable alternative to version in certain cases.

3. At the May meeting Mr. J. W. Taylor of Birmingham contributed a paper on "A Second Case of Abdominal Pregnancy successfully treated by Removal of Child and Placenta three months after Death of Child at Term." The pregnancy had progressed to full term within the abdomen of the mother, protected only by the thin sac of the amnion, and without being accompanied by any of the usual symptoms of rupture, such as pain, sudden illness, or

fainting. By securing all the pelvic attachments, either by Doyen's elastic forceps or ligature before separation, the placenta, which weighed 3 lbs., was removed without any loss of blood.

4. In a paper on "Parturition during Paraplegia, with Cases," Dr. Amand Routh availed himself of the exceptional opportunity for physiological observation that had been afforded him by the occurrence of a case of complete paraplegia which he had been able to watch not only during labour, but during the preceding months, and also during the puerperium. The patient experienced a painless labour. The uterine contractions were ill-defined, often without intermission, and occasioned no distress beyond a feeling of tightness at the epigastrium. The first stage lasted ten hours, the second two hours and a quarter. There was no undue hæmorrhage, in spite of retraction being for some hours unsatisfactory, and the processes of involution of the uterus and lactation were quite normal. The author discussed the various views that have been held as regards the physiology of parturition, and described cases by other observers, and some experiments on animals bearing on the question. An interesting and most instructive discussion followed, in which the Society had the advantage of hearing the opinions of several distinguished physiologists, all of whom bore testimony to the value of Dr. Routh's paper, and the admirable manner in which he had discussed the physiological questions involved.

5. At the July meeting Drs. Giles and Maclean contributed a paper on "Two Unusual Cases of Tubal Gestation—the one causing Chronic Intestinal Obstruction, and accompanied by a Hæmatosalpinx of the Non-gravid Tube; the other simulating Retroversion of the Gravid Uterus." The lessons to be drawn from these cases are that "if a tubal gestation be diagnosed before rupture takes place, the possible train of disasters will be best averted by immediate operation;" and that any "pelvic tumour which does not conform to recognised types in

regard to its signs and symptoms should be dealt with surgically at once, and not treated by the expectant method."

6. "The Obstruction of Labour by Ovarian Tumours in the Pelvis" was the subject of a valuable paper by Dr. R. G. McKerron, of Aberdeen, read at the December meeting. In addition to giving the details of two hitherto unpublished cases the author had prepared tables of 183 collected cases of this complication, and drew attention to some features of interest in the clinical histories. From a study of the cases and of the literature of the subject he deduced the following practical observations in regard to treatment:—"Reposition should in all cases be first attempted. Where it failed a selection according to circumstances should be made from the following operative measures:—puncture, Cæsarean section, abdominal or vaginal ovariectomy." The paper concluded with remarks on the after-treatment in those cases where the tumour had not been removed during labour. The discussion on this paper was, owing to the lateness of the hour, adjourned to the January meeting of the present year, when one or two other communications bearing on the subject were submitted, and were followed by a spirited and useful debate, marred only by the unavoidable absence of the author of the paper, which deprived the Society of the advantage of hearing his reply.

The other papers read during the past session, also six in number, were gynæcological.

1. The first of these was on "The Cyclical or Wave Theory of Menstruation, with Observations on the Variations in Pulse and Temperature in Relation to Menstruation," by Dr. Giles, read at the March meeting. The author's investigations led him to conclude that the cyclical theory, as ordinarily stated, is an insufficient explanation of the origin of menstruation. In a modified form, however, he thought it might be accepted as giving a connected idea of the meaning of menstruation, which

might be looked upon as a repeated preparation for the reception and nutrition of a fertilised ovum. Failing the arrival of such an ovum menstruation had been correctly described as a "missed pregnancy."

2. The next paper was on "Chronic Axial Rotation of an Ovarian Cyst giving Rise to Extreme Twisting of the Elongated Uterus," by Dr. Thos. Wilson, of Birmingham, read at the May meeting. The literature of the subject was referred to, but the author had been unable to find any reported case in which rotation of an ovarian cyst had caused an equally extreme amount of twisting of the uterus. On the other hand, extreme twisting of the uterus, even to the extent of complete separation of the body from the neck, had been met with several times in connection with fibro-myoma of the uterus itself.

3. At the June meeting Dr. Lewers contributed a paper on "A Case of Primary Sarcoma of the Body of the Uterus in a Patient Twenty-four Years of Age, treated by Vaginal Hysterectomy." The growth had been examined by several competent pathologists, and had been pronounced to be identical with what had been described under the name of "deciduoma malignum." But although the patient, who had been married a year, believed that she had had three miscarriages, the author, after considering the evidence, expressed some doubt as to whether conception had ever occurred.

4. A paper by Mr. Doran on "The Management of True and False Capsules in Ovariectomy" was read at the October meeting. Where the capsule was formed by mesentery, omentum, or inflammatory deposit the author termed it a false capsule; where it was formed by the mesosalpinx alone he termed it a true anatomical capsule; and where it involved the lower part of the broad ligament, the parietal peritoneum, or the parametrium, a false anatomical capsule. The treatment of the first variety he described as a simple breaking down of adhesions. The treatment of the second and third varieties was a more complicated matter. When the capsule was healthy he

advised that it should be cut away if possible. When no pedicle could be formed, the tissue of the capsule being healthy, and the hæmorrhage being under control, the capsule might be let fall into the pelvis. But where under similar conditions the capsule showed advanced inflammatory changes, or hæmorrhage was hard to control, he recommended fixation of the capsule by stitching it to the lower end of the abdominal wound and drainage. In the interesting discussion that followed the speakers expressed a general concurrence with the author's views.

5. At the November meeting a paper by Mr. Bland Sutton was read on "Abdominal Hysterectomy for Myoma of the Uterus, with brief Notes of Twenty-eight Cases." The author considered that the time had arrived when it had become a medical adviser's duty to point out to patients with uterine myomata that early removal involved less operative danger and a diminished peril to life. He avoided the removal of the ovaries and tubes during the operation wherever it was possible. He thought the proper place for the clamp and *serre-nœud* was a corner of the museum devoted to obsolete instruments, and he regarded the subsequent use of an abdominal belt as a foolish following of a useless custom.

These iconoclastic observations were not allowed to pass without some notes of dissent, and several of the speakers who took part in the subsequent debate expressed the opinion that, as a large number of uterine fibroids remained stationary and harmless, early operation was not to be universally recommended. Ovarian and uterine tumours, it was contended, were not comparable as regards the necessity for operative interference. Mr. Sutton wound up the debate with a spirited reply. Readers of this discussion will do well to supplement it by a reference to that which followed the paper on a similar subject read in 1896 by Mr. Harrison Cripps.

6. A paper on "Three Cases of Pyometra complicating Cancer of the Cervix Uteri" was contributed at the December meeting by Dr. Walter Tate. Out of twenty-

eight cases of vaginal hysterectomy the author had met with pyometra on no fewer than three occasions. In the discussion that followed Dr. Amand Routh pointed out the importance of the fact to which the author's cases bore witness, that pyometra might exist without stenosis of the cervix.

The exhibition of specimens has always, to my mind, formed a very important and valuable part of the Society's work. Since there has been introduced into our regulations a little more elasticity in regard to the time allowed for these minor communications, the number and value of them have decidedly increased. I purpose following the example of some of my predecessors, and enumerating the chief specimens shown during 1897, not in the order of their exhibition, but arranged in groups according to the subject intended to be illustrated—a method which, I think, adds to the interest and usefulness of this annual *résumé*. Taking first, then, the subject of the physiology of menstruation, at the December meeting Dr. Arnold Lea, of Manchester, showed some microscopic sections of uterine mucous membrane made immediately before and immediately after a menstrual period.

Mr. Targett showed in May an interesting anatomical abnormality in the shape of accessory adrenal bodies in the broad ligament, and made some valuable remarks on the frequency of their occurrence.

The comparative anatomy of pregnancy was illustrated by the exhibition of Dr. R. Wise at the October meeting of a pregnant horn from the uterus of a cat.

The pathology of uterine pregnancy and labour in the human female was illustrated by the following specimens.

(1) An abortion sac with hæmorrhages into the foetal membranes, shown by Dr. Robert Wise at the October meeting.

(2) An intra-pubic joint producing diminution of the pelvic inlet, shown by Mr. Targett for Dr. Williamson at the meeting in November.

(3) The uterus from a case of Porro's operation with

intra-abdominal treatment of the stump, shown by Dr. W. J. Gow at the January meeting.

(4) A uterus ruptured during premature labour, and removed by abdominal section, shown by Dr. John Phillips in October.

(5) Ruptured gestation in an imperfect uterine horn, shown by Mr. Targett in February.

Four teratological specimens were exhibited, viz. a foetal monstrosity by Dr. John Phillips in February, a monster (with skiagraph) by Dr. Lewers in April, and in the same month a deformed foetus and a foetus compressus by Mr. Bottomley.

The ever fascinating subject of ectopic gestation, which still needs for its full elucidation all the light that observation can shed upon it, received illustration from the following specimens :

(1) A ruptured tubal pregnancy with hæmatosalpinx of the opposite side, shown by Dr. Lewers in June.

(2) Early ectopic gestation (tubo-uterine) with escape of the foetus into a diverticulum, and complicated by fibro-myomata of the uterus, shown by myself at the November meeting.

(3) Ectopic pregnancy going nearly to term in the peritoneal cavity, the operation for its removal having been undertaken under the belief that it was a fibroid, shown by Dr. Herman in April.

(4) A decidual cast of the uterus from a case in which there was no evidence of extra-uterine gestation, shown by Dr. Eden in April.

Inflammatory and tuberculous affections were illustrated by the following four specimens :

(1) Encysted tuberculous peritonitis shown in April by Mr. Targett, who made some remarks on the effects produced by tuberculous peritonitis upon the female pelvic viscera. (2—4) Three cases of pyosalpinx : one shown in March by Dr. W. Duncan ; one complicated by multiple abscesses of the ovary, the pus from which has since been examined by Dr. McCann with the result of demonstrating

the presence in it of gonococci, shown in February by myself; and one complicated by an enlarged bladder, shown in December by Dr. Macnaughton Jones.

As one would expect, tumours and new growths constitute a considerable proportion of the specimens exhibited. Beginning with those of the uterus, at the December meeting Dr. McKerron showed, for Prof. Stephenson of Aberdeen, a peculiar mucous polypus or pedunculated adenoma of the cervix uteri. At the January meeting Dr. Amand Routh showed a malignant papilloma of the uterus. The number of specimens of uterine fibro-myomata exhibited to the Society affords marked evidence of the special interest at present attaching to these tumours and their treatment. Some were shown to illustrate some particular method of operating, as in the case of the specimens presented at the March and November meetings by Dr. W. Duncan, that shown by Dr. Lewers in April, and those exhibited at the December meeting by Dr. Macnaughton Jones. Others were brought forward on account of some point of peculiarity or interest in the specimen itself, in the history, or in the patient. Thus Mr. Bland Sutton at the May meeting illustrated the subject of fibro-myomata of the neck of the womb, whilst Dr. W. Duncan, in November, showed a specimen in which, along with a large fibro-myoma of the uterus, there had become developed a tumour of the left ovary.

The question of age in reference to these tumours was illustrated by a specimen which Dr. A. F. Stabb showed for me at the March meeting, where the patient was only twenty-six, and by Dr. Galabin's specimen shown at the June meeting, where the tumour had developed rapidly in a patient aged sixty-three—long, therefore, after the menopause. As affording illustration of the modes in which fibro-myomata may destroy life, I showed in connection with Mr. Bland Sutton's communication in November, a specimen in which an interstitial fibro-myoma had become gangrenous, and another in which a subserous fibro-

myoma had pressed on the rectum, caused obstruction, and ultimately been the cause of death from thinning and eventual giving way of the dilated intestine above the seat of obstruction.

Malignant disease of the uterus was exemplified by four specimens—one each, curiously enough, of carcinoma of the cervix, carcinoma of the body, sarcoma of the body, and sarcoma of the cervix. The specimen of carcinoma of the cervix was shown by Dr. Playfair in November, the interesting point about it being that two years previous to the operation for its removal, the patient had had both ovaries and Fallopian tubes removed. The specimen of carcinoma of the body was shown by Dr. Dauber in December, and was interesting from the disease having occurred in a uterus already myomatous. The uterus was removed by the operation of so-called pan-hysterectomy. The specimen of sarcoma affecting the body of the uterus was shown by Mr. Targett for Dr. Williamson in November. The disease had been followed by inversion of the uterus. The specimen of sarcoma affecting the cervix was exhibited by Dr. McCann at the meeting in October.

New growths springing from the ovary and parovarium were illustrated by several specimens.

In April Dr. Drummond Robinson showed cystic ovaries removed by the operation of anterior colpotomy. In January (1897) Dr. Arnold Lea, of Manchester, showed a parovarian cyst with axial rotation. Dr. C. H. Roberts, Mr. Doran, and myself, each showed a specimen of fibroma of the ovary. In Dr. Roberts's case, shown in January, the tumour had undergone calcareous degeneration. In Mr. Doran's case, shown in February, the patient had ascites, and the tumour before removal had become impacted. My own specimen, which occurred in a young subject and was of large size, was shown in November, and will be fully described in the 'Transactions.'

The remaining specimens, all of them new growths, consisted of a molluscum fibrosum of the labium majus,

shown in June by Dr. Giles, and two tumours shown by Mr. Doran in February, viz. a lipoma of the lumbar region, four pounds in weight and of twenty years' growth, and a fibroma of the abdominal wall which had undergone considerable increase in size during pregnancy, and had been removed by Mr. Doran five weeks after the patient's delivery.

It will thus be seen that there has been no lack either of interest or variety in the specimens brought before the Society during 1897.

The Society's death-roll for the past year contains, so far as we have information at present, the names of six ordinary Fellows and three honorary Fellows. Of the six ordinary Fellows one at least was of such world-wide fame as to call for a somewhat extended notice. I allude of course to

SIR THOMAS SPENCER WELLS.

Spencer Wells, as he was more familiarly called, was born on February 3rd, 1818, and was the eldest son of the late Mr. William Wells, of St. Albans, Hertfordshire. He was apprenticed, after the fashion of the time, to the late Michael Thomas Sadler, of Barnsley, in Yorkshire, "an unusually able and worthy man." After this fortunate experience he went to Leeds, and while still a youth of seventeen held for a little more than a year the position of unqualified assistant to one of the parish surgeons. During this time he saw much practice in the Leeds Infirmary, always one of the foremost provincial hospitals in operative surgery. He also attended the lectures of the second William Hey and the elder Teale. To the teaching of both these eminent men he always referred with expressions of the warmest appreciation. From Leeds he went to Trinity College, Dublin, and whilst there he worked under Graves, Stokes, Sir Philip Crampton, and Beattie. In 1839 he proceeded from Dublin to London, and entered as a student at St.

Thomas's Hospital, where he had the advantage of working under several distinguished men, notably Joseph Henry Green, Benjamin Travers, and Frederick Tyrrell, whose manipulative skill in ophthalmic surgery especially delighted him. At the end of his first session he secured the prize offered for the most complete and detailed reports of the post-mortem examinations made in the hospital during the session. After another year spent at St. Thomas's he obtained his diploma of membership of the Royal College of Surgeons of England, and, led no doubt by his love of travel and his fondness for a seafaring life he, in the same year (1841), entered the Royal Navy as an assistant surgeon. For the next six years he served in the naval hospital at Malta. His practice in that island was not limited to his hospital work; the civil population also benefited by his advice and operative skill, and his ophthalmic practice is said to have been considerable. In 1848 he left the navy and proceeded to Paris in order to study pathology. The medical school of Paris was at that time the most famous in Europe. The galaxy of brilliant teachers to be found there attracted students and medical practitioners from all countries. Majendie was then at the zenith of his popularity, and Claude Bernard was rapidly coming into notice. Spencer Wells was always fond of alluding to his residence in Paris as being the period when his attention became directed for the first time to the subject of ovarian disease. Amongst his English fellow-students in Paris was the late Dr. Edward Waters, of Chester, with whom he often joined in friendly debate on professional topics. The ultimate result of their many discussions on the particular question of operation in ovarian disease was an agreement in opinion that as surgery then stood ovariectomy was an unjustifiable operation. At this time Wells had not only never witnessed the operation, but had never to his knowledge seen a single case of ovarian disease.

He finally settled in London in the year 1853, and in the following year he became attached to the Samaritan

Free Hospital for Women, which had then only been in existence for about seven years, and consisted merely of an out-patient department. It was about this time that he became for a short period the editor of the 'Medical Times and Gazette.' In this capacity he was brought into close personal contact with many of the more prominent members of his profession. In April, 1854, Spencer Wells was present when Mr. Isaac Baker Brown, assisted by his friend Mr. Thos. Nunn, performed his eighth ovariectomy. It was the first operation of the kind he had seen. The case ended fatally from peritonitis, and indeed Baker Brown's mortality was so heavy (seven cases out of the first nine) that that skilful operator gave up all hope of being able to establish the legitimacy of the operation. The needed stimulus to Spencer Wells was destined to come from an unexpected quarter.

Shortly after the Crimean war had broken out he obtained leave of absence at the Samaritan Hospital, and relinquishing for a time both his hospital and private practice went out to Smyrna, where he was appointed surgeon to the British Civil Hospital. This appointment, in the work of which he was closely associated with the late Dr. Parkes, afforded him unusual opportunities of studying the effects of gunshot wounds, especially those of the abdomen. He was greatly impressed with the amazing tolerance of the peritoneum. He noticed that the abdominal walls might be lacerated by fragments of shell, that the intestines might protrude for hours and be covered with dust and dirt, and yet that if the cavity was carefully cleansed and the wounds accurately closed, recovery was by no means impossible. Thus he gained knowledge which became of much use to him in his subsequent work, and he frequently stated in after years that it was his experience in the Crimea that in great measure encouraged him to persevere.

Before leaving England for the Crimea in 1854 Spencer Wells, finding that there was no chance of his obtaining a surgical appointment at any of our large general hos-

pitals, had attached himself to one of the best private medical schools, the Grosvenor Place or Lane's School, close to St. George's Hospital, which at that time had no anatomical department immediately connected with it. At this school he lectured on surgery in conjunction with Mr. Geo. Pilcher. He gave to his lectures the character of a conversation with his class, interspersing his remarks with questions suddenly addressed to individual students. This innovation rendered his lecture-room exceedingly popular. On his return from the Crimea in 1857 he resumed his teaching (his friend Mr. Wm. Adams having acted as his deputy during his absence). Eight years later the Grosvenor Place medical school became merged in the school of St. George's Hospital.

It was in the year 1857 that Spencer Wells performed his first ovariectomy. Baker Brown assisted him. The operation could not be completed. Wells, however, did not allow himself to be discouraged, and in the following year he operated a second time, and on this occasion with success. From this time forward Spencer Wells constituted himself the champion of the operation of ovariectomy, and all the world knows how completely he succeeded in converting opponents and establishing the operation on a recognised basis. "On taking up this subject," he says, "as a matter of study and trial, just at the crisis when obloquy was the thickest and opposition the strongest, I felt that nothing but the most open frankness would carry conviction of success, or in case of failure justify the operation. I therefore pledged myself to make known through the press all that I did and all that befel me." This pledge he loyally fulfilled. Case after case was recorded in the medical journals, and eventually the cause, to the furtherance of which Spencer Wells had with characteristic determination and force of will devoted himself, won its way to recognition and final triumph. "The complete history of ovariectomy," wrote Mr. Nunn in 1886, "might be described as a thirty years' war of fact and experience against venerable and multifarious

prejudice." In this long and hard-fought struggle Spencer Wells bore by far the most laborious and conspicuous part. His ultimate success in vanquishing prejudice and in securing recognition for ovariectomy as a legitimate and beneficent addition to the resources of the operating surgeon was the result of indomitable perseverance, of strong personal conviction, of minute attention to detail, and of the fearlessness that comes from absolute honesty and singleness of purpose. He was helped, as Mrs. Garrett Anderson has well said, "by a temperament of quite amazing cheerfulness and elasticity. He knew," she continues, "that he was doing his best to perfect the operation and to save life, and he did not allow himself to be discouraged by failure in whatsoever shape it came. He had the courage to be hopeful and confident and encouraging in the face of a number of disappointments which would have made many other equally good surgeons more or less discouraged and self-distrustful. Wells always gave a patient the impression that *he* was quite sure, and that *she* might be quite sure that all would be well with her in his hands. Not that he blinked facts and statistics. Everything was honestly told, but his radiant optimism was infectious, and the patient forgot there was any risk to speak of in what he was about to do. Nothing," concludes Mrs. Anderson, "is more contagious than optimism, and to a medical practitioner it is a weapon of the greatest value, always provided that he can keep his own eyes out of the sunlight sufficiently to see straight."*

In 1865 Spencer Wells published a record of 114 cases. This was followed in 1872 by an account of 500 cases, and again in 1882 by a report of 1071 cases. His literary career began by the publication, a year or two after his term of service in the navy had expired, of a useful 'Scale of Medicines for Use in the Mercantile

* "On the Progress of Medicine in the Victorian Era." Presidential Address to the East Anglian Branch of the British Medical Association. Macmillan, London, 1897, pp. 16, 17.

Marine.' This was followed in 1854 by a dissertation on 'Gout and its Complications.' His first work in book form on the subject with which his name is chiefly associated, appeared under the title of 'Diseases of the Ovaries' in 1865. About the same time he published a 'Note-book for Cases of Ovarian and other Abdominal Tumours,' intended as an aid towards increasing the knowledge of these diseases. In 1882 he issued a larger work, embodying the substance of the two publications already mentioned, and containing an accurate and detailed account of his personal work up to that time. In 1884 he delivered an historical address on the revival of ovariectomy. A chronological list of his numerous contributions to medical literature will be found in the appendix to this address.

He was a strong advocate of the disposal of the dead body by cremation, and wrote a forcible and outspoken letter on the subject to the 'Times,' in which he pointed out the enormous advantages of the system from a sanitary point of view.

In 1844 Spencer Wells received from the Royal College of Surgeons the honorary Fellowship of the College. He was one of the original Fellows of this Society, served on its Council in 1859, held the office of Vice-President from 1868 to 1870, and at the time of his death was one of its Trustees. He contributed several papers to its 'Transactions.'

In 1871 he was elected a Member of the Council of the Royal College of Surgeons, in 1877 he became Hunterian Professor of Surgery and Pathology, and in 1879 he was advanced to the position of Vice-President. In 1883 he was elected President of the College, and in the same year he delivered the Hunterian Oration before the College. A few years later he was appointed Morton Lecturer on Cancer, and in 1890 he delivered the Bradshaw lecture, choosing for his subject "Modern Abdominal Surgery." In this lecture he took occasion to raise his voice against rash and unnecessary operations

on the organs of the female pelvis, and was, perhaps, somewhat too sweeping in his condemnation. He did not sufficiently discriminate between operations undertaken merely for the relief of pain and those very different operations performed for the removal of organs obviously and hopelessly diseased. For him, all tubal operations and all operations for ovarian disease other than new growth were mischievous and unjustifiable. He regarded them as in the same category with operations for the removal of the healthy ovaries as a means of curing nervous affections. This attitude on the part of one who had himself in his earlier days fought bravely for the recognition of ovariectomy, of which all these later operations were the direct and inevitable outcome, was the subject of regret to many of his admirers. It was, however, recognised as an expression of honest conviction and as simply one more proof that men with even the most vigorous intellects may become, when past a certain age, unable to assimilate new ideas or adequately to appreciate new developments, even in the branch of work which they themselves have laboured to advance.

The list of honours conferred upon Sir Spencer Wells is a long one. He was an honorary Fellow of the King's and Queen's College of Physicians in Ireland, and received the honorary degree of M.D. from the Universities of Leyden, Bologna, and Charkof. He was a Knight Commander of the Norwegian Order of St. Olaf. He was elected an honorary Fellow of the American Gynecological Society, and a Member of the Medical Societies of Paris, Moscow, and Stockholm, and of the Obstetrical and Gynecological Societies of Berlin and Leipzig. He held the appointment of Surgeon to the Royal Household until a very short time before his death; and in May, 1883, Her Majesty the Queen conferred upon him the dignity of a baronet "in recognition of his services to medical science and to humanity."

Sir Spencer took great interest in public questions, and was, when in his prime, always attracted by move-

ments of progress. He was a most genial companion, and an excellent host.

When travelling in India about four years ago he was attacked with influenza, and paralytic symptoms, chiefly affecting the speech, slowly developed. But almost to the last he was to be seen at the principal gatherings of the medical profession. Two months before his death he went with two of his daughters to the south of France. On the morning of Sunday, January 31st, 1897, he was seized with apoplexy whilst staying at Cap d'Antibes, near Cannes. He died the same evening, just within three days of his seventy-ninth birthday.

More fortunate than many pioneers, he lived to see his principal life-work crowned with the most abundant success. He lived also to see his claim to recognition as a great surgical benefactor acknowledged throughout the world.

I now pass on to speak of the other deceased Fellows, taking them as far as possible in the order in which the deaths occurred.

THOMAS EDWARD PARSONS

was a popular and successful general practitioner at Wimbledon, where he joined his brother in partnership twenty-five years ago. He had studied medicine at St. Mary's Hospital, and had become qualified in 1869. He was a laborious worker at his profession, and exemplary in all his domestic relations. The extra work entailed by the severe epidemic of influenza which visited Wimbledon some three winters ago made serious inroads upon his health, and for many months before his death he was known to be suffering from diabetes. He took a long holiday abroad in the summer of 1896, and returned to work feeling considerably better. But the anxieties and fatigues of practice soon told upon him prejudicially, and at Christmas he again left home for a six weeks' sojourn

at Mentone. The regard in which he was held by his friends and patients was shown by their sending him whilst abroad a letter of sympathy along with a purse containing a hundred sovereigns. He wrote home cheerfully and expressed himself as feeling much better, but when he returned to Wimbledon at the beginning of March, 1897, it was only too evident that he was in a very serious condition. It was his earnest desire to die in harness, and this wish was gratified, for when he died, peacefully as though he were falling asleep, on the 17th of March, he had only been confined to bed for twenty-four hours. He was attended professionally by Dr. Mitchell Bruce and Sir Wm. Broadbent. His Fellowship of the Society dated from 1889. At the time of his death he had just completed his fifty-first year.

WILLIAM GARDNER

became a Fellow of our Society in 1892. He graduated at Glasgow in 1874, and took his degree of M.D. in 1876. For many years he was recognised as the leading surgeon in Adelaide, South Australia, and more recently had held a distinguished position as a surgeon in Melbourne. At the recent Intercolonial Medical Congress held in Sydney, Dr. Gardner presided over the surgical section. He was joint founder with Dr. D. Grant of the 'Intercolonial Medical Journal,' and had made a distinct mark in the annals of Australian surgery by his contributions on the subject of the surgical treatment of hydatids. He was returning home after a visit to Europe, undertaken for the benefit of his health, when he died suddenly of paralysis at Naples, at the age of fifty, on the 1st of April, 1897.

REGINALD CLARKE

was the son of a well-known London architect and writer. He was educated at Uppingham, and afterwards entered as a student at the medical school at King's College

Hospital, where he held the appointment of resident accoucheur. He became a Licentiate of the Society of Apothecaries in 1876, and received the diploma of membership of the Royal College of Surgeons in 1878. He succeeded to the practice of Mr. Chittenden, of Lee, where he carried on his profession up to the time of his death. He was surgeon and anæsthetist to St. John's Hospital, Lewisham. Being an old King's man he had known as a student the Nursing Sisters of St. John the Divine, and when in 1883 this community established the Lewisham Hospital he renewed his friendship with them, and rendered them great assistance, remaining their staunch friend to the end of his life. He was also divisional surgeon to the police and district surgeon to the post office. His kind and genial disposition rendered him popular both with his patients and his fellow-practitioners. He was generally known as Mr. Pickwick, from an absurd likeness to that eminent character as delineated in the well-known illustrations. He took a great interest in rare and difficult cases, and was in the habit of trying all the new remedies that he read about. He rarely prescribed according to the Pharmacopœia. He was a great lover of dogs and horses. He took a house at Bexhill, and lived there a good deal during his later years. He had already been himself for some months in failing health when the death of his wife, under somewhat painful circumstances, seemed to give him a great shock, and to deprive him of all self-control. He died soon after her, rather suddenly, at the age of fifty or thereabouts, on August 19th, 1897. He had been a Fellow of our Society for seventeen years.

JOHN SCOTT

had been a Fellow of the Society since 1870. He was born at Annan, in Dumfriesshire, in 1831, and at the time of his death on November 2nd, 1897, had been in practice at Sandwich, in Kent, for thirty-three years. His work lay

chiefly amongst the poorer classes, by whom he was held in great repute. He had at one time a very large practice, and was to the end exceedingly popular.

HENRY WM. FREEMAN

was a man of strong individuality, and was widely known. In medical circles he was almost invariably alluded to as Freeman of Bath, and not without reason, for no man had more thoroughly identified himself with the interests of the town in which he practised, or had laboured harder to restore to Bath something of its old attractiveness, prestige, and popularity.

Born at Westward Ho, in Devonshire, in the year 1842, he received his education at the Bideford Grammar School, and afterwards entered as a medical student at the Middlesex Hospital, where he took several prizes, and held more than one resident appointment. He became qualified in 1864, and in the same year was appointed resident medical officer to the Royal United Hospital, Bath. He soon afterwards commenced practice in Bath, and at length, in 1881, was appointed one of the honorary surgeons to the hospital. In 1882 he received the diploma of Fellow of the Royal College of Surgeons of Ireland. When the new Queen's Baths were opened by the Duchess of Albany in 1888, Mr. Freeman, who was made Mayor of Bath that year, presented a beautiful statue, representing "The Angel at the Pool." This has been placed over the fountain in the pump-room. Mr. Freeman was very fond of horses, and was the owner of an extensive thoroughbred stud at Weston. For some time his health had been failing, but his fatal illness dated from or soon after the opening of the new pump-room in October. He died at his residence in Bath, November 28th, 1897, at the age of fifty-five years. He had been a Fellow of this Society since 1867, and was a member of its Council from 1891 to 1893.

Our list of honorary Fellows has never been a long one. It contained at the time of the last annual meeting only eleven names, and that number has now been reduced to eight, owing to the deaths of Dr. Lusk, of New York, Dr. Braxton Hicks, of this city, and Professor Tarnier, of Paris, of each of whom it now becomes my duty to give a more or less detailed account.

WILLIAM THOMPSON LUSK

was born in Demerara, British Guiana, on May 23rd, 1838. Most of his early life was passed in Norwich, Connecticut, whither his family removed. In 1855 he entered as a freshman at Yale University, but left college on the completion of his first year. For three years he studied medicine at Heidelberg and at Berlin. In 1861, while still a medical student, the outbreak of the War of the Rebellion fired him with military ardour, and he enlisted as a private in a regiment of New York volunteers. Within two years he rose to the rank of lieutenant. Shortly afterwards he was made a captain, and finally was appointed assistant adjutant-general. As a soldier he is said to have been distinguished by his coolness and his valour. In 1864, after a service of three years in the Federal army, he took his degree in medicine from the Bellevue Hospital Medical College in New York. After his graduation he again visited Europe for further study, and spent the years between 1864 and 1868 in the hospitals of Edinburgh, Paris, Prague, and Vienna. On his return to the United States he was appointed professor of physiology in the Long Island College Hospital, and continued to occupy that chair until 1871. During the last year of that professorship he was also lecturer on physiology in the Harvard Medical School. In 1871 he became professor of obstetrics, diseases of women, diseases of infants, and clinical midwifery in the Bellevue Hospital Medical College. This chair he continued to hold to the time of his death. In 1890 he succeeded the late

Dr. Isaac E. Taylor as president of the College. He was consulting surgeon to the Maternity Hospital, the Skin and Cancer Hospital, and the New York Foundling Asylum. He was one of the founders of the American Gynecological Society, and was its president on the occasion of its meeting in Washington in 1894. He was also at one time president of the New York State Medical Association, and of the New York Obstetrical Society.

As a teacher he is said to have had few equals, especially in the art and science of obstetrics, of which he was indeed a master.

For two years and a half (July, 1871, to December, 1873) he was editor of the 'New York Medical Journal.' It was the publication in 1881 of his excellent text-book, 'The Science and Art of Midwifery,' that first brought his name prominently before the profession of this country. That work at once established the author's fame not only in his own country and this, but in all the countries of Europe. It quickly passed through a number of editions, and was translated into French, Italian, and Spanish. It was the best exposition of the obstetric science and practice of the day that had yet appeared. It was eminently readable without being too diffuse, displayed an intimate acquaintance with the literature of obstetrics, and was enriched with copious and valuable references. It was studiously moderate and conservative in its general tone. The rules of treatment it laid down were sound, avoiding on the one hand too great an eagerness to interfere, and on the other too absolute a reliance on the unassisted powers of nature. The chapters on puerperal fever were at the time the best in the language, and contained an account of the most recent researches on the subject, with a thoroughly scientific discussion of the nature of the disease, its pathological anatomy, its clinical manifestations, its causes, and its treatment. Several of the foremost teachers of midwifery in this country at once adopted Dr. Lusk's treatise, and recommended it to their pupils as their text-book. Dr. Lusk's contributions

to the Transactions of the societies and the current medical literature were marked by the scientific spirit and sobriety of judgment that characterised his book. Though he never attained as a gynæcologist to the same eminence that he had achieved as an obstetrician, his judicious teaching did much to check the tendency to indiscriminate operating which at one time was in danger of discrediting operative gynæcology. He welcomed progress, but with a distinct leaning towards a wholesome conservatism.

“He was a man,” writes Dr. Polk, “of singularly pure character. His unselfishness naturally brought about him many friends . . . and the attitude of the profession of New York and of America toward him was that of confidence and esteem.” He possessed a diffident, unassuming, and yet fascinating manner, and in the midst of his busy life and grave responsibilities always found time to be courteous to strangers and genial in the company of his friends. He retained his youthful figure and appearance in a most remarkable degree. Endowed with “an abounding vitality” and a spare build, he seemed the unlikeliest person in the world to be struck down prematurely by an attack of apoplexy. Though still to all appearance in perfect health, he had betrayed for some months an increasing nervousness and irritability of manner that had given warning to his more intimate friends of failing powers. And so when the end came, on June 12th, 1897, it was perhaps less of a surprise to them than it was to the public. But to all it was a severe shock to learn that the melodious voice of this useful and gifted man had been heard for the last time. Dr. Lusk died in the fifty-ninth year of his age. His eldest son, Dr. William Chittenden Lusk, though still quite young, is chief of the surgical clinic at the Bellevue Medical School.

JOHN BRAXTON HICKS.

In endeavouring to give an adequate account of the life and work of Dr. Braxton Hicks in the short time at my disposal, I feel I have before me a difficult task. He was one of the founders, and for many years one of the most active supporters of our Society, a past President, a recently elected Honorary Fellow, and a contributor of no fewer than forty papers to its 'Transactions;' on these grounds alone it would be fitting that the annual address should contain as full an account as possible of his personality and his career. But when it is also remembered that the science and art of obstetric medicine owe to him several of the most important advances of recent years, and that his name has taken a permanent place amongst those of the most distinguished British obstetricians, there is still more abundant reason why our records should contain a more than usually full appreciation of the man himself as well as of the work of his life.

John Braxton Hicks was born at Rye, in Sussex, in the year 1823. He was the second son of Mr. Edward Hicks, of Lymington, who was at one time a banker, and for many years held the position of chairman of the bench of county magistrates. From the age of twelve to fifteen Braxton Hicks was educated as a private pupil of the Rev. J. O. Zillwood, of Compton Rectory, near Winchester. He became apprenticed to a medical practitioner in the town where he lived in 1842, and at the age of eighteen he entered as a medical student at Guy's Hospital. He was a favourite both amongst his teachers and his fellow-students. "I shall never forget," writes an old fellow-student, Dr. Daniel Hooper, "his amiable, cheerful expression, bright, piercing eyes and noble forehead; his alacrity was remarkable; he was always busy—I never saw him idle for one moment—he would hurry

with a very quick step to the lecture theatre, literally run down the steps (a huge volume of Pereira, perhaps, under his arm) to the bottom bench, and there sit motionless and attentive till the lecture was over." He took first prizes in anatomy, materia medica, practical chemistry and botany, and he also won a medal for double sculling given by the hospital boat club. He was very fond of botany, and in the summer vacation collected specimens from the New Forest. In 1844 he passed the first examination for the degree of Bachelor of Medicine at the London University, taking honours in every subject, and carrying off the exhibition and gold medal in materia medica. In 1847 he passed the final M.B. examination, obtaining honours in physiology and comparative anatomy, medicine, and surgery. He soon afterwards received the diplomas of the Royal College of Surgeons and the Apothecaries' Society, and in 1851 took the degree of M.D. at his university. Wishing to marry and to settle in practice, he entered into partnership with the late Mr. W. Moon, of Tottenham, and became a highly respected general practitioner. But in 1859 he was invited by his old hospital to accept the post of assistant obstetric physician, whereupon he relinquished general practice and came to reside in the Borough.

In the same year he passed the examination for the membership of the Royal College of Physicians, of which he was elected a Fellow in 1866.

In 1870 he was appointed senior obstetric physician to Guy's Hospital, and lecturer on obstetrics at the school. These appointments he continued to hold until 1883, when he was elected consulting obstetric physician. Feeling that the age limit at his own hospital had cut short his career as a teacher somewhat prematurely, he acceded in 1888 to a request to become obstetric physician to St. Mary's Hospital in succession to the late Dr. Meadows, the then assistant obstetric physician being considered at the time a little too young for the full responsibility of the senior post.

This appointment Dr. Hicks held for several years, doing his hospital work conscientiously and taking a share of the systematic teaching in the school. But he never forgot that he was a Guy's man, and that his early successes and interests were connected with that hospital. He was for several years examiner in obstetric medicine at the University of London, and held a similar position at the Royal College of Physicians from 1872 to 1878, and again from 1889 to 1893. For many years Dr. Braxton Hicks was physician to the Royal Maternity Charity, and he was also for a time physician to the Royal Hospital for Women and Children in Waterloo Road.

Dr. Braxton Hicks was all his life a devoted student of natural science, and many contributions from his pen appear in the 'Proceedings of the Royal Society,' in the 'Transactions of the Linnean Society,' and in the 'Journal of Microscopical Science.' On the 5th of June, 1862, he was elected a Fellow of the Royal Society. I have been favoured by the clerk of that Society with a copy of his nomination paper, which I here reproduce not only on account of the interest attaching to the names of his proposers, but as showing the precise grounds on which that great distinction was conferred upon him. He is described as residing at No. 6, Wellington Street, London Bridge, and as being the author of the following scientific papers :

"On Certain Sensory Organs in Insects hitherto undescribed," read before the Royal Society, and published in abstract in the 'Proceedings' May 26th, 1859.

"On New Organs of the Antennæ of Insects," and "On Organs on Nervures of Wings," two papers in the 'Transactions of the Linnean Society.'

"On New Organs on the Halteres of Diptera," in the 'Proceedings of the Linnean Society.'

"On a New Species of *Draparnaldia*" and "On Amœboid Conditions of *Volvox globator*," 'Microscop. Journ.,' April, 1860.

"On the Development of the Gonidia of Lichens in

Relation to Unicellular Algæ," 'Microscop. Journ.,' Oct., 1860.

"New Sensory Organs in Insects," in the 'Linnean Society's Transactions,' 1860.

"On the Homologies of the Eye and its Parts in Invertebrata," read before the Royal Society, January, 1861.

He is lastly spoken of as part author of a little work published by Van Voorst, and entitled 'Humble Creatures [the Earth worm and House-fly].'

The following names of Fellows of the Society are attached to the document:—W. B. Carpenter, J. Lubbock, G. Busk, E. Lankester, F. Currey, J. J. Bennett, J. Hilton, A. S. Taylor, T. Bell, C. Ansell, and E. W. Brayley.

It will thus be seen that it was mainly his contributions to entomology and botany that obtained for him the coveted blue ribbon of science. His interest in these studies continued to the end of his life, and many other papers relating to them appeared from time to time in the journals and transactions to which they were specially appropriate. To us, however, his work in connection with our own Society and the science of obstetrics must necessarily have the chief interest, and of this I must now speak. He was one of the founders of the Obstetrical Society of London, and took an active interest in it from the first. He twice served on the Council, namely, in 1861 and 1862, and again in 1869. He held the office of Hon. Secretary from 1863 to 1865, was Vice-President from 1866 to 1868, became Treasurer in 1870, occupied the presidential chair during the years 1871 and 1872, and was elected an Honorary Fellow in 1896. To the 'Transactions' of the Society he contributed, as I have already said, no fewer than forty papers. He was a close and accurate clinical observer, and many of his papers which record single cases or groups of cases are models of what such contributions should be. To these I shall not have time further to refer; their titles will be found in the bibliography appended to this address. But

of some of his more important papers I must speak a little more at length.

In the month of July, 1860, there appeared a paper in the 'Lancet' on "A New Method of Version in Abnormal Labour," in which were described "five cases of placenta prævia in illustration of its peculiar applicability to that formidable complication of labour." In the same journal for February 9th, 1861, cases were given of other forms of labour to which the new method had been successfully applied. It was by these papers that Dr. Braxton Hicks first brought before the profession his now celebrated method of version by combined external and internal manipulation. He chose that mode of communicating the method to the profession, in preference to laying it at once before a society, because he considered that the subject was too new for its merits to be then discussed with satisfactory results. When, however, he had had more experience of the method, and had tested and proved its value, he made it the subject of a paper which was read before this Society in November, 1863. In the following year the paper reappeared in a revised form as a thin octavo volume of 72 pages, published by Longmans and Co., with the title "On Combined External and Internal Version." Up to within a very few years of this period the operation of turning, whether the object was to bring down the head, breech, knee, or foot, had involved the introduction of the whole hand into the uterus. Cephalic version was very seldom adopted on account of the difficulty of grasping the head and retaining it at the os uteri; whilst in regard to the other forms of version, foot-turning had almost entirely taken the place of the older method of breech-turning. All these methods, however, required the introduction of the whole hand, and generally part of the arm, within the uterus, a process which added materially to the painfulness and difficulty of the case, not to mention the valuable time often lost whilst waiting until the os and cervix had become sufficiently dilated for the operation to be per-

formed. In a few cases men like Collins, of Dublin, and Dr. Robert Lee, of St. George's, had occasionally shortened this period of delay by pushing the child round with the finger, but the practice was only now and then successful. Dr. Robert Lee had also pointed out that in some cases of transverse presentation it was unnecessary to pass more than two fingers into the os uteri in order to seize the knee, a plan which he named "two-finger turning." Meanwhile several German observers had demonstrated the possibility of turning the child *in utero* from the outside. Braxton Hicks showed how, by the combination of these two methods, each acting upon opposite ends of the foetus, there was obtainable a certainty and a celerity of which neither plan was capable when employed alone.

In the discussion which followed Dr. Hicks's paper at this Society, Dr. Robert Barnes stated that an admirable memoir, in which the principle of turning by external and internal manipulations was fully described, had been published by Wigand in 1807. Not having any knowledge of Wigand's paper, Dr. Hicks was unable at the time to call this statement in question, but before the paper and discussion were printed he acquainted himself with the precise purport of Wigand's essay, and embodied the result in an appendix. He bore generous testimony to the value of Wigand's suggestions, but he showed that they were by no means identical with his own. Wigand had discovered that pressure upon the exterior would make the foetus move to a considerable extent, and that by pressing on both poles of the child in opposite directions, he could bring that end which was nearest into the os uteri, but he only employed the inner hand to guide and receive the head or breech into the os. The difference is important, for while, by his method, Wigand was merely able to rectify abnormal presentations, the adoption of Hicks's plan enabled the operator to accomplish version in any manner, whether partial or complete, podalic or cephalic. Wigand never contem-

plated complete version, and he expressly mentioned that his method was not applicable to cases of hæmorrhage, or of prolapse of the funis, or of convulsions ; in other words, the most important cases requiring version could not be treated by the method he suggested. The plan described by Hicks, on the contrary, combined the power of rectifying abnormal presentations with that of performing complete version. It differed from all previous methods in enabling the operator to produce cephalic or podalic version at will, and in being capable of application as soon as the os uteri was sufficiently dilated to admit one or two fingers. The advantages thus gained are obvious. It permits early intervention in such cases as neck, shoulder, and transverse presentations ; it furnishes a new and safe resource in cases of convulsions in which the introduction of the hand is attended with much risk, and in which speedy delivery is desirable ; it diminishes the dangers of turning in those cases of contracted pelvis in which turning is the most appropriate treatment ; and it removes from the operation the risk of producing fatal shock when it is necessary to turn the child under circumstances of extreme depression on the part of the mother. But it is especially in the treatment of placenta prævia that it has proved of the greatest service, both in saving life and in diminishing professional anxiety. When, summoned to a case of severe hæmorrhage from this cause, the medical attendant found the cervix only sufficiently expanded to admit one or two fingers, he had hitherto been compelled to wait for hours whilst endeavouring to dilate the os, or to content himself with plugging the vagina and endeavouring to press the head on to the placenta by exerting pressure on the fundus uteri. "Anything," to use Dr. Hicks's own forcible words, "which gave the practitioner some power of action was to be earnestly welcomed ; anything better than to stand with folded arms, incapable of rendering assistance for hours and even days, every moment of which might be carrying the sinking and suffering patient

nearer to the grave." By the new method, not only would bleeding be arrested, but time could be saved to an extent of which the value can scarcely be over-estimated. As soon as the os uteri would admit two fingers, version could be performed and the os effectually plugged by drawing through it the foot and leg, and exerting such gentle traction as the mere weight of the operator's arm, in retaining hold of the limb, is sufficient to supply. Henceforth the case could be watched with as little anxiety as an ordinary case of breech presentation. Rapid extraction is not only unnecessary, but, as favouring post-partum hæmorrhage, extremely dangerous. Dr. Hicks was very emphatic on this point. "What is the use," he says, "of hastily delivering before the os is well dilated and before the system has time to rally from the effects of flooding and of the version? Many of the deaths following placenta prævia may, I believe, be fairly attributed to too rapid delivery. How much must the collapse be increased and the uterus injured by endeavouring to drag the head through the yet rigid os! Turn, and if you employ the child as a plug, the danger is over. Then wait for the pains, rally the powers in the interval, and let nature, gently assisted, complete the delivery."

Dr. Hicks had to wait many years before he had the satisfaction of finding his suggestions adopted. In spite of his fecundity as a writer, the advertising instinct was wanting in him. Had it been otherwise, he would have been long ago recognised by all the obstetricians of the civilised world as one of the greatest benefactors of lying-in women that this age has produced. When, after the lapse of time, obstetricians did awake to the value of his work, the mortality from placenta prævia at once fell from 30 per cent. to something near 5 per cent.

In the year 1867 Dr. Braxton Hicks made a still more valuable contribution to the literature of obstetrics; I refer to his paper "On the Condition of the Uterus in Obstructed Labour," probably one of the most admirable communications that has ever appeared in our 'Transac-

tions.' The greatest confusion and ambiguity had hitherto existed as to the precise meaning of the terms "cessation of the pains," "powerless labour," and "exhaustion," and the interpretation and significance of the train of symptoms which these terms were used to denote.

There were but two British writers on obstetrics who, up to that time, appear to have observed the real condition of the patient in obstructed labour, viz. Dr. Murphy and Dr. Rigby. These authors had noticed that, when any obstacle prevents the exit of the foetus, the pains after being suspended for a time returned with a totally different character; they became short and extremely severe, and never entirely passed off in the intervals. These writers had further noticed that if the hand was placed on the abdomen the uterus was felt to be as hard and contracted during an interval as during a pain, and so sensitive that the patient could scarcely bear to be touched. In other words, they had observed that a state of continuous action was substituted for the rhythmical pains. This condition they attributed to inflammation consequent upon the injury done to the soft parts. Dr. Hicks was the first to appreciate the importance of this observation, but he did not accept Murphy and Rigby's explanation. He pointed out that even in a normal labour the demand made on the nervous force by the action of the uterus, the largest involuntary muscle in the body, is so enormous that, if it were not for the replenishing that takes place during the intervals, the constitutional effects would be disastrous. He showed that, if from any cause the length of the ordinary intermissions was curtailed, the powers of the system would soon undergo a serious drain; and that, if matters went further and uterine action became continuous, symptoms of dangerous exhaustion would inevitably supervene. In short, he showed the state of tonic contraction of the uterus and the constitutional phenomena that accompany it to be the result of nervous exhaustion, the true source of danger in all cases of obstructed labour.

He went on to show that there are two distinct classes of cases in which the pains, having once been vigorous, cease to be rhythmical or apparently subside, and that it is of the utmost importance to distinguish between these classes in order to be guided to the proper treatment. "The first and simplest form," he says, "is well known, and is that in which the uterus is simply quiescent, resting passively for a time while the nervous power is being, so to speak, collected; after a time the uterus begins to act, and the labour is accomplished. In this case there is no rise in the pulse; generally, on the contrary, it is weak and feeble; nor are there any untoward symptoms but languor and some faintness. The reflex function is deficient, and its action sluggish, and therefore the demand on the constitution to supply nerve force is proportionately small." Here we have the first clear description of what Scanzoni called, and is now known as, *secondary inertia* of the uterus. "The second form of subsidence of the pains is . . . of the opposite character. The uterus becomes gradually irritated, so that, although some of the pains still occur at irregular intervals, the uterus is really in more action than before, tightly compressing the child, falling into the inequalities of its form, whereby the foetus is prevented from escaping, every indentation of the uterus forming as it were a ledge past which it is difficult to draw the child, or to pass the hand if we desire to turn. When this condition . . . has once been fairly established it is rare that the rhythmical pains ever recur with such force as to expel the foetus; as a rule the continuous action remains, and sooner or later symptoms set in telling one of the necessity for interference." What a graphic picture of tonic contraction of the uterus from obstructed labour! It is to Braxton Hicks that we are indebted for a simple and yet certain means whereby to distinguish between these two classes of cases. In the one we find on placing the hand upon the uterus that the uterine walls are lax and flabby, the foetus being readily felt "within it floating about with

ease." So long as this condition lasts we need feel no anxiety, and there is no occasion for manipulative interference. In the other class we find the uterus continuously hard and firm, and tightly moulded to the form of the foetus, which, contrary to what is found in the former class, cannot be moved about, the whole mass, consisting of the uterus and its contents, being more or less fixed. Under such circumstances we may feel sure that it is worse than useless to postpone assistance. It is impossible to over-estimate the importance of this teaching. There was another matter of equal importance to which Hicks in this paper was the first to call attention, viz. the risk of hæmorrhage from want of response on the part of the uterus if the labour be unduly hastened and the child extracted while the uterine walls are relaxed ; that is, when the case is simply one of secondary inertia. On the other hand, where there is continuous action extraction is the proper and only safe treatment.

I am glad to know that this invaluable paper is likely soon to be reprinted, along with some other of Braxton Hicks's contributions to obstetrics, by the New Sydenham Society. The lessons it enforces have long since become part of our common stock of knowledge, but it is well to be reminded that we owe them to the exceptional powers of observation of a Fellow of our own Society. I had intended had time permitted to give a *résumé* of some other of Braxton Hicks's papers, especially those on the rhythmical contractions of the uterus during pregnancy, to which he was the first to call attention.

In looking through the list of his obstetrical and gynaecological contributions one feels that there must be few subjects on which he has not written something. There are papers on the anatomy of the human placenta, on the behaviour of the pregnant uterus in chorea, on pregnancy associated with ovarian disease, on the induction of premature labour, on face presentation, on hydatidiform degeneration of the chorion, on transfusion, on rupture of the vagina in labour, on rupture of the uterus, on inver-

sion of the uterus, on concealed accidental hæmorrhage, on the cephalotribe (his modification of which instrument became the one almost exclusively employed in this country), on Cæsarean section, on extra-uterine and intra-mural gestation, on the temperature during parturition and in the puerperal state, on puerperal diseases, on eclampsia, on labour obstructed by abnormal conditions of the foetus, on prolapsed funis, on labour with twins, on the best mode of delivering the foetal head after perforation, on acephalous monsters, and on an outbreak of diphtheria in the obstetric wards. Turning to gynæcological subjects we find him writing on retention of menses, on uterine polypi, on proliferous cysts of the ovary, on sloughing fibroid of the uterus, on the treatment of malignant disease, on tension of the abdomen, and many other subjects. His series of lectures on some of the diseases of the female urethra and bladder, published in the 'Lancet' in 1867, still remains the best systematic account of these diseases in our language. He was not a finished writer or an effective speaker. His papers have no charm of style. His sentences are often ill-arranged and his meaning is occasionally obscure. But his papers are always worth reading; for he was a clinical observer of the first rank, and he never wrote merely for the sake of writing. Sure of his ground, and therefore free from hesitation in his statements of *fact*, he was studiously guarded in his expressions of *opinion*, suggestive rather than dogmatic. In some of his essays, and notably in that on obstructed labour, he showed great originality, and that wide grasp of his subject that enables a man to harmonise apparently discordant phenomena, and to construct out of chaotic materials an orderly presentation of facts and a workable hypothesis in explanation of them. If I were asked which of his contributions I consider to deserve the highest place, I should select the two of which I have endeavoured to give a synopsis this evening, namely, those on obstructed labour and on combined version, and I should add for a third the series of papers

on the rhythmical contractions of the uterus during pregnancy. These were all characterised by a rare originality, and are contributions to obstetric knowledge of which the value is likely to be permanent.

It was difficult for those who only knew Braxton Hicks in his later years to realise that this mild-mannered, chatty, beaming little old gentleman was the man whose name was associated with so many advances in the science and art of obstetrics. He was in no sense one of those who either look or talk like a leader of men. But his wide interests, his keen love of nature, and his gentle unassuming manner made him a most interesting companion. He continually displayed a quite unexpected acquaintance with the most out-of-the-way subjects, and his mind was a storehouse of general information. He had read much, observed much, and thought much. He was a good draughtsman, and drew accurately on stone from the microscope. He was a large collector of Wedgwood and oriental china, and had in his house typical examples of different makers. He was fond of architecture, and indeed of art generally. He was a deeply religious man, and a sincere member of the Church of England. He was always ready to give help to those who needed it, whether in the form of advice or money, or, if necessary, of both; but it was all done so quietly that few knew him for the charitable man he really was. His character had the charm of simplicity. Utterly free himself from all that was base and sordid, he judged others to be the same; hence he never expressed himself unkindly of his fellow men. He died at his residence, the Brackens, Lymington, August 28th, 1897, at the age of seventy-four, from heart failure after a long illness following an attack of influenza. He had retired from the active practice of his profession about three years previously, and had gone back to the home of his childhood, where he settled down to the quiet enjoyment of his garden and his books, and the peaceful pleasures of a country life, and where his friends had vainly hoped for

him "a long and mellow eventide that the night should linger to disturb."

ÉTIENNE STÉPHANE TARNIER

was born at Aiserey, a village near Dijon, on April 29th, 1828. His father, a modest country doctor, soon afterwards removed to Arc-sur-Tille, where Tarnier spent his childhood, and where, as a student in later years, he loved to occupy himself during his holidays in assisting his father in his practice. He received his earlier education in the schools of Dijon, and at the age of twenty proceeded to Paris to study medicine. Almost at the outset his studies were for a time interrupted, owing to a severe outbreak of cholera in his native district, during which he went to assist his father. Returning to Paris he resumed his course of medical instruction, and in 1856, having determined to equip himself for practice by a year's residence at the Maternité, he entered as an *interne* at that hospital. Gradually, under the influence of Delpech and Danyau, he became attracted to the science of obstetrics, and devoted himself energetically to its pursuit. He commenced his special studies with an inquiry, conducted in association with Vulpian, into the changes that the liver undergoes during pregnancy, and he followed this up by a series of communications to the Société Anatomique on metastatic abscesses in the kidney in puerperal septicaemia, &c. But a much larger question soon absorbed him. At that time the mortality from puerperal fever in the Paris hospitals was frightful. Nothing was known as to its true nature, and the only means then available of checking an epidemic was to close the hospital doors. Between the 1st of April and the 10th of May, 1856, when the Maternité was closed, of 347 women delivered no fewer than 64 died, rather more than one out of every six. It is true that Ignatius Semmelweis had already made his great discovery of the part played in puerperal infection by putrid material carried on the

hands of students and teachers coming direct to the lying-in wards from the post-mortem and the surgical dressing room, and of the marvellous diminution in the puerperal mortality that followed a systematic disinfection of the hands, by the use of chloride of lime, before making a vaginal examination. But all the world knows how virulently Semmelweis's views were opposed even in Vienna, where his discovery was made, and beyond Vienna they were almost unnoticed, and for all practical purposes were unknown. (It should be mentioned in this connection that Semmelweis's views were first brought before the notice of the profession in this country by Dr. C. H. F. Routh, a pupil of Semmelweis, in a paper read before the Royal Medical and Chirurgical Society in 1848; see '*Med.-Chir. Trans.*,' vol. xxxii, p. 27.) The surgeons of the Paris Maternité were in despair, and there is a legend to the effect that one of them, meeting on the Boulevard Port Royal a poor woman on her way to the hospital, cried out to her, "Do not come in here unless you wish to die." Tarnier felt a burning desire to solve the problem, and he soon became convinced that puerperal fever was spread by contagion. It was necessary, however, that he should prove it. With this object he made inquiries, and he ascertained that whilst the mortality from puerperal fever in the Maternité during 1856 was 1 in 19, the mortality in the district immediately surrounding the hospital was only 1 in 382; in other words, the mortality in the hospital was seventeen times greater than in the district outside. He came to the inevitable conclusion that the comparative isolation of the women delivered in their own homes ensured their safety by limiting the chances of contamination. To us, at this day, it is difficult to conceive a condition of things in which such a seemingly self-evident proposition could be regarded as startling and dangerous. But when Tarnier came to formulate his views in his inaugural thesis, and otherwise to submit them to the criticism of the obstetrical leaders of Paris, so far from convincing them he met with deter-

mined opposition. Meanwhile his tenure of office at the hospital came to an end, and he had to decide how he was to earn a living. He determined to remain in Paris. Taking rooms in a house in the Rue de Rivoli, he became physician to the Bureau de Bienfaisance, and endeavoured to make a livelihood without drawing upon the meagre resources of his parents. He met with so little success that he was on the point of relinquishing a medical career, when an event occurred which changed the aspect of affairs. A discussion on the nature of puerperal fever took place at the Académie de Médecine, which extended over four months of the year 1858. The thesis of Tarnier was constantly quoted. Dubois became interested, and promised Tarnier that he would instal him as *chef de clinique*; whereupon Tarnier set to work with renewed ardour, and wrote a fresh monograph on puerperal fever as observed at the Maternité. This was published at the end of 1858. When he presented himself to the publisher with his manuscript, Mons. J. B. Baillière, glancing from the title to his unknown visitor, exclaimed, "I know only one man, sir, in Paris, who is competent to deal with such a subject." "Who is that?" "Dr. Tarnier." "I am Dr. Tarnier." Already, therefore, he was recognised as an authority on the subject.

In 1861 Tarnier became *chef de clinique* to Dubois, in fulfilment of the promise the latter had made to him three years previously, and in 1867 he succeeded Trélat as chief surgeon and director of the Maternité. This position he continued to hold for twenty-two years, with ever-increasing devotion to the interests of that great institution and to the well-being of its inmates. From what has already been said it will be readily understood that the researches of Pasteur and Lister had a special fascination for Tarnier as opening a prospect of new and trusty weapons wherewith to fight against puerperal infection. With what success he introduced antiseptic midwifery into the Maternité is probably well known to most of my hearers, but the story, which Tarnier himself

was never tired of telling, will well bear to be repeated, and I think ought to be repeated here. He was in the habit of dividing into three periods the interval between the year 1858 and the year 1889, when he quitted his post in order to succeed Pajot in the chair of theoretical teaching. The first period embraced the years 1858 to 1869; the second, 1870 to 1880; and the third, 1881 to 1889.

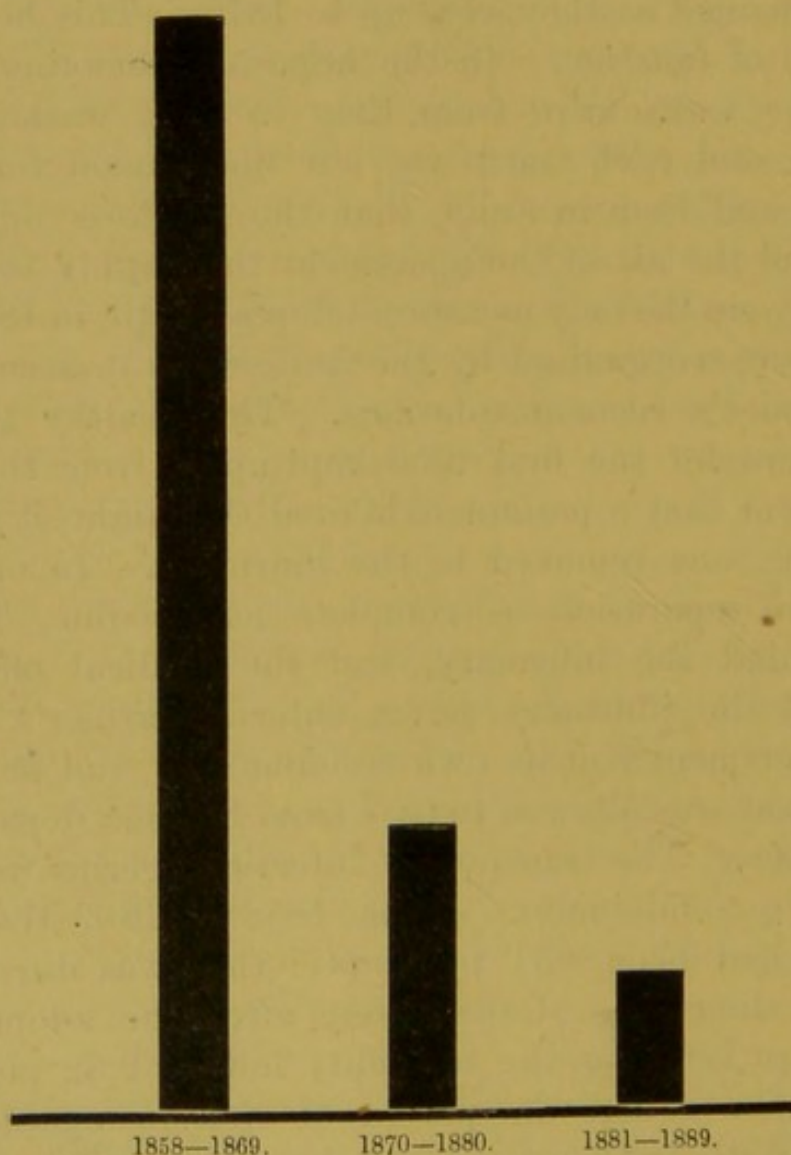
In 1867, when he entered the Maternité in the capacity of Surgeon-in-Chief, no changes had been made in the method of conducting the work of the hospital since the time when he was *interne*, and in spite of his protests things remained as they were up to 1870. This he called the period of *inaction*. In the hope of promoting disinfection the walls were from time to time washed over with lime, and each ward was left unoccupied for a few days now and then in order that the windows might be opened and the air of the apartment thoroughly renewed. But these were the only measures adopted until, in 1870, the hospital was reorganised by the authorities in accordance with Tarnier's recommendations. The healthy lying-in women were for the first time kept apart from the sick. The moment that a patient exhibited the slightest sign of illness, she was removed to the infirmary. In order to render the separation as complete as possible, Tarnier never visited the infirmary, and the medical officer in charge of the infirmary never entered Tarnier's wards. Each department had its own resident staff, and no officer or attendant was allowed to pass from the one department to the other. The transport of infectious germs was thus reduced to a minimum. From 1858 to 1869 the mean mortality had been 9·31 per cent.; that was during the period of inaction. Immediately after the adoption of measures of isolation the mortality fell to 2·32 per cent. This Tarnier called the period of *struggle against contagion*. With 1881 commenced the third period—that of *antisepsis*. The mortality then fell still lower, viz. to 1·05 per cent.

Mortality in the Paris Maternité.

		Per cent.	Proportion.
1858—1869	... Period of inaction	... 9·31	... 1 in 10 $\frac{3}{4}$
1870—1880	... „ hygienic measures	... 2·32	... 1 in 43
1881—1889	... „ antiseptics	... 1·05	... 1 in 95

The measures for ensuring isolation continued to be carried out, and the marvellous diminution that followed the introduction of antiseptics showed what could be accomplished when isolation and antiseptics were combined.

In order to convey the full significance of these figures, I have reproduced a diagram of Tarnier's, in which are



represented three columns, accurately corresponding in height to the proportion which the figures just quoted

bear to each other. The tallest represents the mortality during the period of *inaction*; the middle one that during the period of *isolation*; and the shortest that during the *antiseptic* period.

I should say that these figures represent the *total* mortality of the hospital, not the deaths from puerperal fever. It was Tarnier's rule to include in his statistics every death that took place, from whatever cause. He believed that any scheme by which an endeavour is made to show separately the deaths which could reasonably be attributed to infection caught within the hospital, was too full of temptations to self-deception ever to be safe from error. Even in the extreme case of a woman who jumped out of the window in an attack of mania almost the moment she entered the hospital, the death was included in the statistics of the year. It was the same with all deaths from hæmorrhage, eclampsia, rupture of the uterus, and the rest. He desired that his statistics should be unassailable.

But I must continue my narrative. During the years that he was at the Maternité, in addition to this great work of slaying the dragon of puerperal infection, a work on which I have intentionally dwelt at some length (for I regard it as by far his most important achievement), Tarnier found the time and energy to invent or modify various obstetric instruments and methods of treatment.

In an admirable obituary notice of the late Dr. Alex. Keiller, of Edinburgh, Dr. Watt Black, one of my predecessors in this chair, discussed the vexed question of priority in regard to the invention of dilatable bags for expanding the os uteri, and concluded that the merit of that invention undoubtedly belonged to Dr. Keiller, who introduced his bags to the notice of the profession in 1859. So far as Great Britain is concerned, that conclusion was correct, but there is evidence to show that Tarnier had invented a similar contrivance seven years earlier. His dilating ball, still in every-day use in French obstetric practice, was described by him in 1852. There is no reason to suppose

that Keiller knew of it. It is probably another instance of an idea occurring independently to more than one mind ; and even if it should hereafter be shown that some other inventive genius had anticipated Tarnier, it need not prevent us from crediting him with an original idea, any more than his priority detracts from the originality of Keiller.

It is, however, with the invention of the axis traction forceps that Tarnier's name is most frequently associated. For many years "there had been a steadily growing conviction in the minds of many obstetricians that the long double-curved forceps was not an altogether satisfactory instrument. The addition of the pelvic curve had ensured the more equable distribution of the grasp of the blades over the foetal head, and so had removed one of the great objections to the straight forceps, but it had not altered the direction of the tractile force. Let the handles of the instrument be carried as far back as the perinæum can be stretched, the direction of the traction can still never correspond with the axis of the pelvic inlet. This axis, along which the mass of the foetal head must enter the brim, is coincident with a line drawn between the umbilicus and the coccyx. If traction could be made in this line there would be no misdirection of the force, it would all be available for the purpose aimed at ; but exactly in proportion as the line of traction diverges from the axis of the genital canal, so some of the force is expended in driving the head of the child against the anterior wall of that canal, and is therefore not simply wasted, but acts to the detriment of the maternal tissues. With the ordinary forceps it is anatomically impossible for traction to be made directly in the pelvic axis, so that a certain amount of the force expended is ineffective. From the year 1860 forwards several attempts were made to remedy this defect,"* but none proved satisfactory until Tarnier, in the year 1877, brought out his axis traction forceps, an

* From a paper on "The Axis Traction Forceps," by the author. 'Lancet,' December 10th, 1892.

instrument which though not by any means faultless, admirably fulfilled most of the requirements. I need not describe it, for its essential features are familiar to you all. The traction-rods permitted traction to be made in the axis of the pelvis, and so ensured that all the force expended by the operator was exerted usefully, and that the maternal tissues were not exposed to any unnecessary pressure. This advantage Tarnier's instrument shared with some of its predecessors—Hubert's, Aveling's, and some others—but there were other advantages that no other forceps possessed. These were (1) that the application handles move forward as the head descends in such a way as to furnish a constant guide to the direction in which traction should be made, in order that it may be exercised with most effect, *i. e.* the direction proper to the plane of the pelvis through which the head is passing; and (2) that the transverse handle enables the operator to keep up a steady pull with a minimum of muscular fatigue, and therefore with the power of estimating with some approach to accuracy the amount of force he is expending.

The instrument, as first introduced, was unnecessarily complicated and unwieldy. Critics saw and made much of its faults, and overlooked its merits. Yet the former were for the most part accidental and removeable (Tarnier himself corrected many of them), whilst the latter were unmistakable and permanent. "Let who will," says Prof. Alex. Simpson, "continue to use ordinary curved forceps; an obstetrician who has used the Tarnier forceps in a few test cases, will no more think of reverting to the other than a man who can afford to keep a carriage will continue to practise as a peripatetic. He may use the defective instrument occasionally to keep muscle and mind in exercise, or because the case is so easy that it can be finished with anything, as he may walk to some patient's house for the sake of his own health, or because she lives in the same street; but in the general run of his work, and in all his difficult cases, the axis traction forceps becomes

for him a valued necessity.”* I have elsewhere recorded my own conviction that the axis traction forceps constitutes “the most important improvement that has been made in the construction of the instrument since the introduction of the pelvic curve,” and that its general adoption, in principle at least, in this as in other countries is merely a question of time.

In the year 1883 Tarnier brought out another obstetric instrument—the basiotribe. He had already modified the saw forceps of Van Huevel, and had improved the cephalotribe. The basiotribe was entirely original. It was devised for the purpose of breaking up the base of the skull, so as permit the extraction of the foetal head after perforation, in those difficult cases in which the necessary reduction in size cannot be easily effected either by the cephalotribe or the cranioclast. It is said (by M. Paul Bar) to combine the strength of the former of these instruments with the firmness of grasp of the latter, and to be now, since certain modifications were made in it, an almost perfect instrument.

Tarnier's name is also associated with improvements in embryotomy instruments and in the artificial incubator. The idea that in 1880 found expression in his “couveuse” was not new. Other somewhat similar methods of keeping up the temperature of prematurely born children were already employed, but to Tarnier is due the credit of having introduced a convenient application of the principle into the Maternité, and popularised its use throughout France.

When, at the beginning of the academic year 1888–9, Tarnier left the Maternité to succeed Pajot at the Clinique des Accouchements, his activities by no means ceased. He gave admirable courses of clinical lectures, many of which were published. One course in particular was afterwards amplified and published in book form by his pupil Potocki. I refer to the remarkable series of lec-

* “Again on Axis Traction Forceps,” ‘Edin. Med. Journ.,’ October, 1883.

tures delivered in the summer of 1890 on "Asepsis and Antisepsis of Obstetrics," and published in 1894 as a large octavo book of upwards of 800 pages, certainly the most complete and masterly treatise on the subject that has yet been written.

Tarnier had many honours showered upon him. He was a Commander of the Legion of Honour. In both the Académie de Médecine and the Société de Chirurgie he had passed the presidential chair. The Société Obstétricale de France, of which he was one of the founders, made him its first president. But what gave him most satisfaction was the feeling that it was owing to his influence that new maternities had been opened, new refuges established for pregnant women, and new asylums for women who had been recently delivered. The public authorities marked their appreciation of his influence and work by deciding that the hospital in which he carried on his teaching during his later years should henceforth be known under the name of the "*Clinique Tarnier*."

In his capacity as professor his manner was restrained, calm, and dignified. He arranged his materials admirably, and laboured above all things to be clear and exact. He treated the work of others with respect, and if he had occasion to differ from them in opinion he expressed himself without acrimony, and in terms of studied moderation. He wrote several articles in the 'Nouveau Dictionnaire de Médecine et de Chirurgie pratiques,' and edited several editions of 'Cazeaux's Midwifery,' adding such copious notes as to transform the original treatise into a new book.

He was engaged up to the last in revising the proofs of the third volume of his own monumental 'Traité de l'art des accouchements.' In the preparation of that work he associated with himself several of his former pupils—Chantreuil, Budin, Paul Bar, Bonnaire, Maygrier, and Tissier; but, throughout, the inspiration came from him, and the book remained essentially his own.

He died, after a short illness, on the 23rd of November,

1897. "With him," as was truly remarked by M. Budin in his funeral oration, "there disappeared one of the greatest medical figures of our epoch." Through his influence France has probably made greater obstetric progress during the past quarter of a century, than any other country in the world.

And now, gentlemen, to use the words of our old favourite, Oliver Wendell Holmes, "my show of ghosts is over." It only remains for me to apologise for keeping you so long, and to thank you for the patience with which you have listened to me.

BIBLIOGRAPHICAL APPENDIX TO ANNUAL ADDRESS.

PREPARED BY C. J. CULLINGWORTH, M.D.

PART I.

LIST OF SIR THOMAS SPENCER WELLS'S PUBLISHED WRITINGS, ARRANGED CHRONOLOGICALLY.

1. The scale of medicines with which merchant vessels are to be furnished, by command of the Privy Council for Trade, with observations on the means of preserving the health and increasing the comforts of seamen; directions for the use of the Medicines and for the treatment of various accidents and diseases. 16mo, London, 1851.
2. The cure of squinting by the use of prismatic spectacles, 'Med. Times and Gaz.,' vol. ii, 1853, p. 216.
3. On a new ophthalmoscope, *ibid.*, pp. 264-5.
4. Navy Medical Reports, *ibid.*
 - (1) On an epidemic of variola at Corfu in 1852, pp. 32-4.
 - (2) On the treatment of ulcers by galvanism, pp. 84-6.
 - (3) On the relative prevalence of phthisis at Malta among seamen, the land forces, and natives, pp. 133-4.
 - (4) Extracts from a report on the ventilation of ships, p. 547.
5. Lecture on cases observed among the out-patients at the Samaritan Hospital, *ibid.*, 1854, pp. 459-61.
6. Practical essays on plastic surgery, *ibid.*, pp. 9-10, 32-3, 55-6, 109-10, 210-12, 262-3, 661-2.
7. Drawings of the appearance of the surface of the heart in two cases of purpura, 'Trans. Path. Soc.,' vol. v, 1853-4, p. 115.
8. Urinary calculus discharged through the rectum, *ibid.*, pp. 202-3.
9. Malignant growth from the dorsum of the ilium, *ibid.*, pp. 247-8.

10. Practical observations on gout and its complications, and on the treatment of joints stiffened by gouty deposits. 12mo, London, 1854, xv-288 pp.

11. On the radical cure of reducible inguinal hernia by a new operation (Wützer's), with cases and remarks, 'Med.-Chir. Trans.,' vol. xxxvii, 1854, pp. 75-85.

12. On the practical results of quarantine, 'Assoc. Med. Journ.,' 1854, pp. 831-4.

13. Introductory address at the first meeting of the Smyrna Hospital Medico-Chirurgical Society, 'Med. Times and Gaz.,' vol. i, 1855, p. 430-33.

14. Introductory lecture at the Grosvenor Place School of Medicine, *ibid.*, vol. ii, 1856, pp. 335-7. (Abst.) 'Assoc. Med. Journ.,' 1856, pp. 856-7.

15. Some account of the *écraseur* of M. Chassaignac, 'Med. Times and Gaz.,' vol. ii, 1856, pp. 364-5.

16. Necrosis after frost-bite, 'Tr. Path. Soc.,' vol. viii, 1856-7, p. 299.

17. Fracture of the os calcis, *ibid.*, pp. 299-300.

18. Tumour from the flexor tendon of a forefinger, *ibid.*, pp. 379-80.

19. On a grooved hook for tracheotomy, 'Med. Times and Gaz.,' vol. i, 1857, pp. 209-10.

20. Lecture on cancer cures and cancer curers, *ibid.*, pp. 27-32.

21. Lecture on incomplete paralysis of the lower extremities connected with disease of the urinary organs, *ibid.*, pp. 493-7.

22. On the administration of cod-liver oil and substances soluble in it in capsules, *ibid.*, p. 577.

23. Lecture on the radical cure of reducible inguinal hernia, *ibid.*, vol. i, 1858, pp. 79-83.

24. Lecture on Pirogoff's amputation at the ankle-joint, *ibid.*, pp. 288-90.

25. On dilatation of the female urethra by fluid pressure, *ibid.*, vol. ii, 1858, pp. 84-5.

26. Ovarian tumours and ascites; ovariectomy; successful result, *ibid.*, pp. 602-3.

27. Multilocular ovarian cyst successfully removed by ovariectomy, 'Trans. Path. Soc.,' vol. ix, 1857-8, pp. 321-2.

28. Cystic tumour of the cervix uteri removed by the *écraseur*, *ibid.*, pp. 332-4.

29. Epithelioma of the female breast, *ibid.*, pp. 375-7.

30. Eight cases of ovariectomy, with remarks on the means of diminishing the mortality after this operation, 'Dublin Quarterly Journal of Medical Science,' vol. xxviii, 1859, pp. 257-98.

31. Three cases of ovariectomy, 'Med. Times and Gaz.,' vol. ii, 1859, pp. 11-13, 31-3, and 59.
32. Three cases of ovarian disease; ovariectomy; iodine injection; simple tapping, *ibid.*, pp. 159-61.
33. Two cases of ovariectomy, *ibid.*, pp. 605-7.
34. Communication between the aorta and left bronchus, 'Trans. Path. Soc.,' vol. x, 1858-9, pp. 71-3.
35. Cyst of the broad ligament, *ibid.*, pp. 189-90.
36. Ovarian cyst removed successfully, *ibid.*, pp. 187-8.
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PART II.

LIST OF DR. J. BRAXTON HICKS'S PUBLISHED WRITINGS,
ARRANGED CHRONOLOGICALLY.

I. MEDICAL PAPERS, &c., WITH SUBJECT-INDEX.

II. SCIENTIFIC (NON-MEDICAL) PAPERS, &c.

I. MEDICAL PAPERS, &c.

1. Case of ruptured uterus during parturition, 'Guy's Hosp. Rep.,' vol. v, 1859, pp. 84-8.
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SUBJECT-INDEX TO SOME OF THE PRINCIPAL PAPERS IN THE ABOVE LIST.

- | | |
|---|--|
| Addresses, 20, 37, 53, 60, 67, 68. | Head, delivery of foetal, after perforation, 18, 122, 126. |
| Cæsarean section (cases), 36, 45, 90. | Inversion of uterus, 64, 65, 121. |
| Cephalotribe, 30, 43, 48, 71, 79. | Jurisprudence, cases in obstetric, 26, 78, 83, 113. |
| Cervix uteri, cauliflower excrescence of, 6, 28, 70. | Labour, obstructed, 33, (cases) 15, 19. |
| Contractions, uterine, during pregnancy, 58, 105, 123, 132. | Malformations of female genital organs, 8, 11, 101, 102, 103. |
| Diseases of urethra and bladder in women, 35, 44, 75, 127. | Menses, retention of, 8, 11, 101. |
| —, puerperal (febrile), 51, 74, 80, 85, 91, 92, 93, 106, 115, 120, 124, 130, 131. | Ovary, proliferous cysts of, 16, 41, (in pregnancy) 46. |
| Displacements of uterus, 84, 86, 116 | Placenta, anatomy of, 62, 63, (placental site) 112. |
| Eclampsia, puerperal, 27, 109, 129 | — prævia, treatment of, 81, 114, 118, 119, 125 (see also <i>Version</i>). |
| Face presentation, 21, 38, 69. | Polypi, uterine, 7, 13, 34, 95, (instruments for) 7 |
| Fibroids, uterine, 24, 54, (in pregnancy) 81. | Rupture of uterus, 1, 117. |
| Forces, auxiliary, in abdominal circulation, 96, 97. | — of vagina, 42. |
| Gestation, ectopic (cases), 2, 12, 23, 31, 100, (intra-mural) 29. | Sex in disease, 89. |
| Hæmorrhage, concealed accidental, 4, 61. | Tension, abdominal, 110. |
| | Version, 3, 9, 14, 17, 19, 49. |

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