

The annual presidential address delivered before the Obstetrical Society of London, February 1st, 1899 / by C.J. Cullingworth.

Contributors

Cullingworth, Charles J. 1841-1908.
Royal College of Surgeons of England

Publication/Creation

London : Printed by Adlard and Son, 1899.

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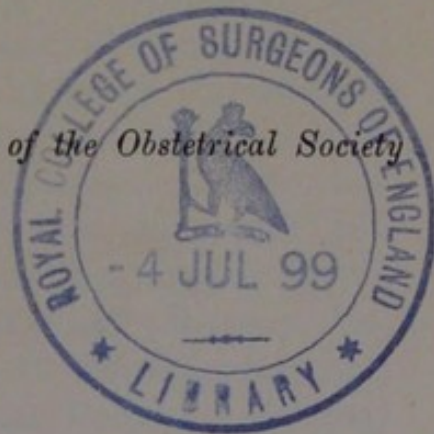
THE
ANNUAL PRESIDENTIAL ADDRESS

DELIVERED BEFORE THE OBSTETRICAL SOCIETY
OF LONDON, FEBRUARY 1st, 1899.

BY

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[From Volume XLI of the 'Transactions of the Obstetrical Society
of London.']



LONDON:
PRINTED BY ADLARD AND SON,
BARTHOLOMEW CLOSE, E.C.

1899.

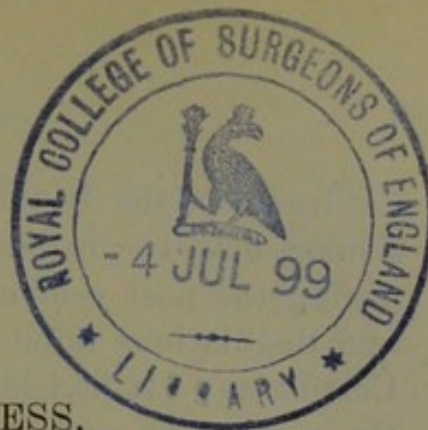
THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 309

LECTURE NOTES

BY [Name]



ANNUAL ADDRESS.

THE office of Secretary in this Society is by no means a sinecure. The work is, indeed, heavier and more exacting than anyone not intimately acquainted with the official routine of the Society would suppose. But there is one duty that often appertains to the secretaryship of a Society like ours, from which our secretaries are exonerated, namely, the preparation of an annual report. It is customary in this Society for the President to present to the Fellows, at the close of each of his years of office, an account of the condition of the Society and of the work done during the year. This statement takes the place of an official report from the secretaries. Following, then, this old established custom, I have to begin by deploring a further slight falling off in our numbers. On January 1st, 1898, the total number of Fellows on our roll was 711, comprising 11 Honorary and Corresponding Fellows, and 700 ordinary Fellows. During the year we have lost 12 Fellows by death (including a death that occurred in the previous year and was accidentally overlooked), and 30 by resignation. To counterbalance these losses we are only able to report the election of 22 new Fellows. Hence the number of the roll is reduced by 19, the present total (January 1st, 1899) being 692, of which number 10 are Honorary and Corresponding Fellows, and 682 are Ordinary Fellows. This diminution in numbers ought not to be, and *would* not be if only each one of us bestirred himself ever so little in the way of beating up recruits.

I do not purpose taking up your time by going over again the ground that has already been traversed in the Reports of the Treasurer, Honorary Librarian, and

Chairman of the Board for the Examination of Midwives. I must, however, call attention to the issue by the Council during the past year of a well considered code of "Rules and Regulations to be observed by Midwives" holding our Certificate. It had long been felt to be an anomaly that there were no such rules, especially as a phrase in the declaration which every midwife who has passed the Society's examination is called upon to sign before she receives her Certificate seemed to take their existence for granted, and I regard their preparation and publication as together constituting quite the most important event that has occurred in the history of the Society during my term of office as President. It is not to be expected that they will meet with universal approval, but I think it will generally be conceded that they go a very long way towards meeting the requirements of the case. The work of drawing up these rules and considering them was undertaken by the Council and the Board for the Examination of Midwives jointly, and the Council gratefully acknowledges the valuable help rendered by the latter body. In this matter of its examination for midwives the Society continues to suffer from a certain amount of professional opprobrium, which, though entirely undeserved, yet is probably in some degree responsible for the decrease in our numbers. I am not going to argue the point on this occasion, but I should like once more to remind our professional brethren that, as I said last year, the Society undertook the work from a sense of duty, and merely as a temporary expedient "after having tried in vain to induce the Government to move in the matter ; and that it will be only 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."

In regard to its more strictly scientific work, the work for which it was called into existence, the Society is to be congratulated on an excellent record during the past year.

The papers read have been unusually numerous. Ten of them dealt with obstetrical, five with gynæcological subjects.

OBSTETRICAL PAPERS.

1—3. The first three of the obstetrical papers were cases of dermoid cyst of the ovary, incarcerated in the pelvis, and obstructing labour. They formed a supplement to the important paper communicated to the Society by Dr. R. G. McKerron, of Aberdeen, in December of the previous year, on "The Obstruction of Labour by Ovarian Tumours in the Pelvis," and were read before the discussion on that paper, which had been adjourned from the previous meeting, was proceeded with. Two of the three cases were contributed by Dr. H. R. Spencer, and one by Dr. Boxall. The first of Dr. Spencer's cases occurred in a young woman, aged twenty, who had already borne one child (still-born) without difficulty. After this first confinement in June, 1896, she noticed that her abdomen was larger than it ought to be, and when she came to be in labour with her second child in July, 1897, a cystic tumour was found incarcerated in the pelvis, obstructing delivery. "As the tumour could not be pushed up, laparotomy was performed, the uterus withdrawn from the abdomen, the tumour removed and the child delivered by forceps Mother and child recovered." The tumour proved to be an ovarian dermoid.

In Dr. Spencer's second case, labour was obstructed in a patient's third confinement by a tumour that had been a source of trouble at the two previous confinements. It was found possible, under anæsthesia, to push it out of the pelvis and effect the delivery of the child by forceps. The tumour, a dermoid cyst of the left ovary, was successfully removed by abdominal section six months later.

Dr. Boxall's case illustrates a different mode of treat-

ment. A woman, aged twenty-nine, eight months pregnant of her first child, had been in labour for about twenty-one hours when Dr. Boxall was asked to see her. He found the os uteri dilated to the size of a florin, and the cavity of the pelvis occupied by a large semi-solid tumour giving the impression of an œdematous uterine fibroid. Reposition was attempted, first without and then with an anæsthetic, but prolonged efforts were avoided and the attempts were fruitless. It was, therefore, decided to perform Cæsarean section, which was done with a successful result both as regards mother and child. On examining the tumour, *after the uterus had been emptied*, it was found to be a non-adherent ovarian dermoid $4\frac{1}{2}$ inches in diameter with a long pedicle. Had the discovery of the true nature of the tumour been made before the uterus was opened, the case would no doubt have been treated by removal of the tumour, closing of the abdominal wound, and delivery of the child *per vias naturales* as in the first of Dr. Spencer's cases.

The three cases formed an instructive series, and afforded material for a useful discussion.

The treatment of pregnancy and labour, complicated by the presence of tumours in the pelvis, received further illustration in the course of the past session, and I may, perhaps, be pardoned for going out of the usual course to mention here, although they did not come before the Society under the head of formal papers, some of the cases in point. At the June meeting Dr. Amand Routh exhibited a dermoid tumour of the ovary which he had removed successfully, from a patient four months pregnant of her first child, by the operation of posterior colpotomy. The pedicle was short and was reached with difficulty, some of the cyst-wall being left behind and requiring to be snipped off after the cyst had been removed. Abortion followed three weeks later. In the course of the discussion on Dr. Routh's communication, Dr. Drummond Robinson mentioned a case in which he had recently removed, by a similar operation, a dermoid

cyst of the right ovary, equal in size to a Tangerine orange, from a patient who, having missed two periods, was thought to be pregnant, but in whom the idea of pregnancy had subsequently been set aside, in consequence of the reappearance of the catamenia. A few hours after the operation a carneous mole was expelled. Mr. Doran also mentioned a case in which he had operated upon a woman in the fourth month of pregnancy for the removal of a small dermoid of the ovary. Five months later the patient was delivered of a live child at term. Mr. Doran had operated by the abdominal method, and expressed his preference for that method over the vaginal in cases of dermoids, on account of the extreme desirability of getting the tumour out entire.

At the July meeting Dr. Spencer showed a dermoid of the left ovary $4\frac{3}{4} \times 3\frac{1}{4}$ inches, removed a fortnight after delivery from a patient aged thirty-eight, who had previously borne nine children. The tumour became incarcerated about the middle of the pregnancy, and the patient was seen by Dr. Blacker and sent into hospital for treatment. Under an anæsthetic Dr. Spencer succeeded in pushing the tumour out of the pelvis. The patient left the hospital relieved of all her symptoms. She was re-admitted, as a matter of precaution, a month before term. Her labour, which took place at term, was quite normal, and fifteen days after delivery the tumour was removed by abdominal section. Dr. Spencer considered that during the second half of pregnancy the risks and difficulties of operation were much greater than in the first half, and that, consequently, where the tumour could, as in this instance, be pushed up, the practice he had here adopted was generally to be preferred.

At the December meeting some further cases were brought forward in connection with this most important subject. Dr. Spencer showed a small dermoid tumour of the right ovary, which, being incarcerated in the pelvis, he had successfully removed by abdominal section at the fourth month of pregnancy. Five months later

the patient had been delivered naturally of a living child. Dr. Spencer mentioned another case, not his own, which, though equally instructive, had a less fortunate termination. A small ovarian dermoid had been incarcerated in the pelvis at the time of labour. Delivery by the forceps was attempted, and extraction was finally accomplished by version, with the result that the tumour was ruptured, and that the patient died of septic peritonitis a few days afterwards. In the course of the discussion which followed, Dr. John Phillips mentioned two cases, one in which he had successfully removed an impacted dermoid during early pregnancy, the other in which an ovarian dermoid obstructing labour was treated by vaginal incision and suturing of the cyst-wall to the edges of the vaginal wound. A year later acute symptoms supervened and it became necessary to operate, when a large dermoid cyst was found, with a coil of hair adherent to the old scar in the vagina. The patient made a good recovery.

Dr. Giles also mentioned a case of an ovarian dermoid, 3×1 inches, removed during pregnancy. He first saw the patient, a nullipara aged twenty-nine, when she was three months pregnant, and decided to watch the case. As the cyst did not rise out of the pelvis as pregnancy advanced, it was removed at the end of the twentieth week, by abdominal section, without interruption to the pregnancy.

I have mentioned these cases *seriatim* because they seem to me to offer points of comparison and contrast which cannot fail to be useful in guiding us in our future practice.

4. The subject of the next obstetric paper was "The Sagittal Fontanelle in the Heads of Infants at Birth." In this paper, read at the July meeting, Dr. A. W. W. Lea, of Manchester, gave the results of an examination of 500 consecutive cases at birth. He had found a well-marked sagittal fontanelle in twenty-two instances, giving a frequency of 4.4 per cent. In all these cases a well-

marked membranous space was present, the space being, in the majority of instances, lozenge-shaped and bilateral. Dr. Lea pointed out that the presence of a large sagittal fontanelle may lead to error or confusion in diagnosing the presentation, and may also be mistaken for fracture or injury. The opening usually closes within the first two months of life, and is frequently associated with deficient ossification of the posterior parts of the parietal bone.

5. At the same meeting a paper by the late Dr. George Roper was read, "On Some Difficult Cases of Fronto-anterior Positions of the Fœtal Head." The object of the paper was to demonstrate that the greater difficulty in these cases is due not so much to the position of the head as to the dorso-posterior position of the trunk. Dr. Roper expressed the opinion that, after a moderate trial with forceps, the correct mode of delivery in such cases, both in the interest of mother and child, is podalic version, and he considered it important in performing this operation that the trunk should be rotated into an abdomino-posterior position. This rotation, he says, can be readily effected by directing the child's toes towards the mother's back as the foot is brought down.

6. A successful "Case of Puerperal Septicæmia treated by the Injection of Anti-streptococcic Serum" formed the subject of a paper by Dr. J. Walters and Mr. A. R. Walters read at the October meeting. The septicæmia followed an early abortion. An injection of 10 c.c. of the serum was given on two successive days, with the result that the temperature fell on each occasion to 98°. The authors unhesitatingly attributed the patient's recovery to the use of the serum. An incidental point in the case is worthy of notice as illustrating the danger of relying upon the curette to empty the uterus without digital exploration. Although the uterus was dilated and freely curetted and subsequently swabbed with carbolic

lotion and iodine liniment, yet a few days later the remains of a macerated fœtus were passed.

7. A paper by myself was read at the October meeting, on a case in which an ectopic gestation-sac was removed by abdominal section, along with a fibro-myomatous uterus. On examination of the parts removed, Mr. Shattock and I came to the conclusion that the gestation was originally of the rare variety known as tubo-uterine, and that the fœtus had been extruded into a diverticulum of the tube. The case had presented great difficulties in the matter of diagnosis, having at one time been regarded and treated as a case of retroverted gravid uterus, and subsequently as a case of pelvic hæmatocele due to arrested tubal gestation. The specimen is now in the museum of St. Thomas's Hospital.

8 and 9. The subject of ectopic gestation received further illustration at the November meeting, when Mr. Bland Sutton read two papers, one on "Tubo-abdominal Pregnancy" and the other on "Hæmorrhage from the Fallopian Tube without evidence of Tubal Gestation." In the former paper the author related a case in which a woman, aged twenty-four, conceived in the left Fallopian tube and the pregnancy went to term. The fœtus escaped from the amnion, and at the operation was found moving about freely amongst the intestines, alive and tethered merely by the umbilical cord. The placenta was removed without difficulty and the mother recovered. The child lived only three hours.

The second paper was in the form of a critical analysis of a report upon a specimen presented to the Society in May, 1898, by Mr. Doran, and of some other records recently published in the Society's 'Transactions.' Mr. Doran had entitled his communication "Hæmorrhage from the Fallopian Tube without evidence of Tubal Gestation." Mr. Sutton contended that the specimen was an excellent example of complete tubal abortion. Mr. Doran maintained that as no chorionic villi or

embryo had been found the case remained "not proven," and that his cautious title was fully justified.

10. A series of papers was presented to the Society at the December meeting by Mr. Ponder, a medical missionary in India, in which the author maintained that the true use and mode of action of the midwifery forceps had hitherto been entirely misunderstood. A lively discussion followed, but, as the papers had already been presented to another Society, and had been passed for reading before our Society by inadvertence, they cannot, according to our rules, be printed in the 'Transactions,' and need not be further alluded to.

GYNÆCOLOGICAL PAPERS.

1. The first gynæcological paper of the session was by Dr. Addinsell, and was read at the March meeting, the subject being "Intermenstrual Pain," the so-called *Mittelschmerz*. The author expressed his conviction that the condition was more frequent than is generally supposed, and, after giving the clinical history of four cases which had occurred in his own practice, discussed other recorded cases and some of the theories that have been propounded in explanation of them. He himself was inclined to regard some diseased condition of the Fallopian tube as the physical basis of the phenomena in most cases, and explained the periodic pain as being the result of an effort on the part of the tube to expel its morbid contents in individuals in whom the physiological cycle of pelvic congestion occurs with exceptional frequency. An interesting discussion followed, in which Mr. Bland Sutton and others maintained that although it was impossible to say that fluid from a distended tube never escaped into the uterus, such an event, if it occurred at all, must be very exceptional. In his reply, Dr. Addinsell combated this view, and quoted Dr. Griffith and others in support of his contention.

2. At the April meeting, Mr. Walter Heape, of Trinity College, Cambridge, communicated to the Society a valuable paper on "The Menstruation and Ovulation of Monkeys and the Human Female." Already, in 1894, Mr. Heape had brought before the Society an account of his observations on the menstruation of *Semnopithecus entellus*. In the present paper he described the results of his investigations into the menstrual phenomena exhibited by another species of monkey, *Macacus rhesus*. Histologically he found that the process was identical in the two species. The same periods of rest, growth, degeneration, and recuperation were observed in both, and the same processes of growth of stroma, of formation of lacunæ from breaking down of congenital results, of degeneration of the superficial mucosa and subsequent rupture of the lacunæ, and of denudation of the superficial portion of the mucosa, with the formation of a menstrual clot as a consequence. Mr. Heape alluded to Mr. Bland Sutton's views regarding the phenomena of menstruation in *M. rhesus*, and suggested that Mr. Sutton had probably been misled in his conclusions, owing to the conditions of life of the animals upon which his observations had been made. Mr. Heape had had an opportunity of examining two uteri from the human female during menstruation. They plainly showed congestion and denudation. He had not as yet, however, met with specimens showing the formation of lacunæ.

With regard to the relation between ovulation and menstruation, Mr. Heape had made a series of very interesting observations. He summarised the known facts in reference to the subject as follows: "For man and monkeys—(1) ovulation and menstruation are not necessarily coincident; (2) menstruation may take place without ovulation. For man alone—(3) ovulation may occur without menstruation.

The paper concluded with some remarks on the origin of menstruation and ovulation. In the primitive condition he thought there was little doubt that they were both

due to the same cause. After showing that the necessary stimulus could not, in the face of known facts, be traced either to the ovary alone or to the uterus alone, he suggested that the origin of the stimulus must be looked for in "the capacity, apparently present in all classes of animals, for storing up an excess of nutriment," and in "the effect, under satisfactory conditions, of the loading of the system with nutriment which must result therefrom."

3 and 4. Dr. C. Hubert Roberts presented to the Society, at its meeting in May, a full and careful record of a case of "Primary Carcinoma of the Fallopian Tube," which Mr. Doran kindly supplemented by a series of tables of all the cases of this rare affection reported up to April, 1898, with name of reporter and full reference for each case.

5. At the June meeting Dr. Herbert R. Spencer read a paper, in which, in addition to recording two cases of his own of fibro-myoma of the uterus removed by operation in women aged twenty-three and twenty-four years respectively, he gave brief critical abstracts of forty recorded cases of uterine fibro-myoma in women under twenty-five.

"In at least eleven of the cases the diagnosis was" wholly "clinical, and in only four cases was the diagnosis verified by examination with the microscope." The conclusion Dr. Spencer arrived at was that uterine fibro-myoma is rare before the age of twenty-five, and very rare before the age of twenty, while of its occurrence before the age of puberty he had been unable to find a single satisfactory record.

Such summaries of the literature of a subject are always of great value, provided they are prepared with the accuracy, thoroughness, and discrimination that characterise this paper, as, indeed, all Dr. Spencer's literary work.

SPECIMENS AND MINOR COMMUNICATIONS.

The specimens exhibited during the past year have, as usual, formed an exceedingly interesting and important part of the Society's work. Following the plan I adopted last year, I will proceed to enumerate them in groups according to the subject which it was the object of the exhibitor to illustrate.

The *physiology of ovulation* was the subject of a demonstration at the December meeting by Dr. Hunter, who exhibited a series of beautifully prepared specimens showing the development and retrograde changes in the Graafian follicle in the human subject.

The *comparative pathology of pregnancy* was illustrated at the July meeting by Dr. Pembrey, who showed five foetal sacs found free in the peritoneal cavity of a rabbit. Dr. Pembrey agreed with the view held by Mr. Bland Sutton that these cases are not examples of extra-uterine foetation, but are due to rupture of the uterus and extrusion of the foetal sacs into the abdominal cavity. Mr. Bland Sutton supplemented the communication with some valuable remarks embodying the results of his own observations on the question of extra-uterine foetuses in the lower mammals.

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

(1) An incarcerated dermoid cyst of the ovary removed during pregnancy *per vaginam*, shown by Dr. A. Routh in June.

(2) An incarcerated ovarian dermoid elevated out of the pelvis in the middle of pregnancy, and removed a fortnight after delivery at term, shown by Dr. Spencer at the July meeting.

(Note.—These two specimens have already been referred to in an earlier part of the summary.)

(3) A specimen showing recent placental hæmorrhage in a case of abortion, exhibited by Dr. Wise at the meeting in July.

(4) A cystic subperitoneal fibro-myoma of the uterus, four pounds in weight, with short pedicle, successfully removed by abdominal section at the middle of pregnancy, shown at the July meeting by Dr. Dysart McCaw.

(5) A uterus ruptured during unobstructed labour, shown by Dr. Dakin at the meeting in February.

(6) A uterus with interstitial fibroids from a patient who, at her second confinement, had placenta prævia centralis, and died from hæmorrhage forty minutes after delivery, shown at the December meeting by Dr. Boxall.

(7) A case of deciduoma malignum, shown for Dr. Hellier, of Leeds, at the March meeting.

(8) Another specimen of deciduoma malignum, from a case the history of which was brought before the Society in July, 1897, by Dr. Lewers, and exhibited at the meeting in June of the present year for the purpose of reporting the after history of the patient. The uterus had been extirpated *per vaginam*, and Dr. Lewers was able to report that the patient was now, fifteen months after the operation, in perfect health.

The pathology of the puerperal period was dealt with in only one of the shorter communications, viz. in a note read by Dr. Blacker at the July meeting, on a remarkable case of acute bed sore following parturition, in which there was no nervous lesion or other obvious cause.

Dr. Blacker's communication was rendered specially valuable by a critical *résumé* of the literature of the subject which he had appended to it.

Monsters.

Three teratological specimens were exhibited, viz. a double monster of dicephalous type, shown by Dr. Owen

Fowler in March ; a case of monstrosity, shown by Dr. Phillips at the same meeting, in which, owing to an amniotic adhesion, the placenta was attached in the form of a sac to the top of the foetal head, and had thereby interfered with the development of the upper part of the cranium ; and, lastly, a specimen shown by Dr. Burton in June, and referred to a committee which has not yet presented its report.

Ectopic gestation.

Several specimens were shown relating to the subject of ectopic gestation. Thus—

1. A specimen was exhibited at the January meeting by Dr. J. Phillips, consisting of a placenta from a case of extra-uterine foetation, in which a full-term child was removed five months after its death, and in which the separation of the placenta, though accomplished with some difficulty, was unattended with serious hæmorrhage.

2. At the April meeting Mr. E. Rumley Dawson showed a specimen of ruptured tubal gestation from a patient said to be thirty-two, but looking older, who had been married five months, and who, from the known facts of the case, could only have been fifteen days pregnant at the time of rupture. The patient died in six hours and a half from the first symptoms of illness. The autopsy showed a rupture of the right Fallopian tube near its uterine end. There were several pints of fluid blood and some handfuls of clot in the peritoneal cavity. The uterus was the seat of numerous fibro-myomata, and contained within its cavity a large purple coloured decidual membrane.

3. Mr. Doran, at the meeting held in May, gave a detailed account of a case in which a firm blood-clot, pyramidal in shape and measuring $2\frac{1}{2}$ inches across its base, was found adhering to the abdominal ostium of the right Fallopian tube.

The patient had miscarried eighteen months previously, and was not known to have had any other pregnancy.

Menstruation had always been irregular. There had been a severe attack of pain twelve weeks before admission to the hospital, with profuse uterine hæmorrhage. The canal of the tube showed no sign of dilatation, and microscopic examination of the clot revealed no chorionic villi or other evidence of gestation. Under these circumstances Mr. Doran felt himself justified in regarding the case as one of the rare instances of hæmorrhage from the Fallopian tube due to some other cause than tubal pregnancy. In a paper to which I have already alluded, Mr. Bland Sutton took occasion to combat Mr. Doran's view and to express his firm belief that the specimen was a tubal mole after complete (tubal) abortion.

4. In the course of the discussion on Mr. Doran's communication, I mentioned the particulars of a case of ruptured tubal gestation in which I had operated ten days previously whilst the patient was in a condition of collapse, with the pulse at the wrist imperceptible. Two and a half pints of blood were found in the peritoneal cavity, and on the upper surface of the right Fallopian tube, close to its uterine end, was what appeared to be a ragged rent with a fragment of tissue or pale blood-clot lying in it. This fragment was afterwards examined microscopically, and chorionic villi were found in abundance. The main point of interest in the case, as bearing upon Mr. Doran's specimen, was that the tube was of absolutely normal calibre, and that the part external to the rent, four inches in length, was perfectly normal. The left appendages were examined and found quite healthy. Hence the mere fact of a tube being found of normal calibre and appearance is not to be accepted as proof that it has not recently been pregnant. In my case the tube had resumed its normal size and appearance (except for the rent in its wall), within nine hours of its rupture. This fact is one of extreme importance, especially as the nature of the case was established by microscopic evidence, and the history pointed to the

probability of the pregnancy having advanced to about six weeks, and of the ovum having consequently attained a considerable size.

5. As a direct outcome of the discussion of which I have just been speaking, Dr. A. Routh was able to show, at the following (June) meeting, a case of ruptured tubal gestation at the fourth or fifth week in which, stimulated by the success which had attended my operation under equally unpromising circumstances, he had successfully operated whilst the patient was collapsed and almost pulseless. A report upon the specimen by Mr. Targett added to the value of Dr. Routh's communication.

6. At the November meeting Mr. Butler-Smythe exhibited a microscopic section from a case of incomplete tubal abortion showing chorionic villi. The patient had been seen in town by Mr. Butler-Smythe. The symptoms and history pointed to the probability of ectopic gestation, and the patient was advised to enter a home with a view to immediate operation. She insisted, however, upon returning for a few days to her home in the country. On the morning appointed for her return, Mr. Butler-Smythe received a telegram to say she was on the way, but a second telegram arrived requesting him to go down immediately prepared to operate. This he did, and found his patient in a state of profound collapse, blanched and pulseless, a condition which had supervened suddenly whilst she was driving to the station. Not without considerable misgiving, he operated at once, cleared out the blood from the peritoneal cavity, and removed the sac. During the operation copious rectal injections of hot saline solution were administered with great benefit, and the abdominal cavity was kept filled with a similar solution. The patient did well. Many sections from the specimen had been examined with negative results by a competent but non-medical microscopist, who, being unaware that villi when present were most surely found on the surface of the clot where it adhered to the tubewall, had taken his sections from the substance of the

clot. A gynæcological microscopist, possessing this knowledge, found chorionic villi immediately.

Fibro-myomata of Uterus.

The increased attention bestowed at the present time on uterine fibro-myomata is again shown by the number of specimens brought forward during the year.

1. At the January meeting Dr. F. J. McCann showed a multinodular fibro-myoma, 6 lbs. in weight, which he had successfully removed by abdominal hysterectomy on account of persistent retention of urine.

2. Dr. Dakin showed, at the February meeting, a sloughing fibro-myoma of the size of an orange situated in the posterior wall of the uterus. From its clinical characters it was thought before operation to be a sarcoma. Dr. Dakin therefore removed the entire uterus *per vaginam*. The patient did well.

3. At the April meeting Dr. Macnaughton Jones showed a large uterine fibro-myoma removed by abdominal hysterectomy, in consequence of persistent pain in the left hip and other obscure symptoms. At the operation there was also found a solid tumour in the left ovary, a section of which, prepared by Mr. Targett, was exhibited under the microscope. A committee subsequently reported the growth to be akin to adeno-fibroma of the breast and certainly non-malignant.

4. A fibro-myoma of the uterus, reaching $3\frac{1}{2}$ inches above the umbilicus and projecting downwards into the vagina, where it formed a mass equal in size to a foetal head, was shown at the same (April) meeting by Dr. Walter Tate, who had removed the entire mass by abdominal hysterectomy.

5 and 6. A large fibro-myoma of the uterus undergoing sarcomatous and another undergoing cystic degeneration were shown by Dr. Horrocks at the May and June meetings respectively.

7. At the November meeting Dr. Tate showed a sloughing fibro-myoma of the uterus occurring in a single

woman, twenty years after the menopause, and removed by abdomino-vaginal hysterectomy.

8. At the same meeting I exhibited an œdematous sub-peritoneal fibro-myoma removed by abdominal hysterectomy.

9 and 10. At the December meeting Dr. Lewers showed a large, solitary, sub-peritoneal fibro-myoma of the uterus, $9\frac{1}{2}$ lbs. in weight, removed successfully by abdominal myomectomy; and a uterus, 8 lbs. in weight, studded with multiple fibroids, successfully removed by abdominal hysterectomy.

Fibro-myoma of Broad Ligament.

Three examples of fibro-myoma of the broad ligament were brought before the Society; one, weighing 14 lbs., shown at the March meeting by Dr. Ewan Maclean; another, with cystic degeneration and complicated by a malformed uterus, shown at the same meeting by Dr. Gow; and a third, of enormous size, weighing $44\frac{1}{2}$ lbs., successfully removed from a patient aged twenty-eight, exhibited by Mr. Doran in November.

Fibro-myoma of Vagina.

A fibro-myoma, $10\frac{1}{2}$ oz. in weight, enucleated from the anterior vaginal wall in a single woman forty-nine years of age, was shown at the March meeting by Dr. Phillips. In this case there was an offensive discharge, which proved to be due to decomposition of menstrual fluid retained in the upper part of the vagina.

Malignant Disease of Uterus.

Of malignant tumours of the uterus there were shown, in addition to the examples of deciduoma malignum already mentioned, three specimens; one at the January meeting by Dr. McCann, a malignant adenoma of the cervix; one at the February meeting by Dr. Handfield Jones, an example of cancer of the corpus uteri; and one at the July meeting by Dr. Tate, in illustration of the

manner in which carcinoma of the cervix may extend upwards into the body of the uterus.

Morbid Conditions of the Ovary.

At the June meeting Mr. Doran exhibited some blood concretions in the ovary, and Mr. Bland Sutton exhibited an ovary containing a calcareous ball, probably a large calcified corpus fibrosum.

Dr. Pollock, at the March meeting, exhibited dermoid cysts of both ovaries, and, at the November meeting, Mr. Doran showed a myxo-sarcoma also affecting both ovaries, and simulating a lobulated uterine fibro-myoma from a woman aged forty-six.

In connection with the subject of ovarian disease, Mr. Targett showed, at the May meeting, a preparation from a case of double intestinal obstruction following ovariectomy.

Tubal Disease.

Only two specimens of tubal disease were brought forward, one from a case of double pyosalpinx (in which the tubes were enormously distended), shown by Dr. C. Hubert Roberts in March, and one from a case of hæmosalpinx, shown by Dr. A. Routh in November. The latter specimen was from a patient aged thirty-three. She had been operated upon in 1896 for mammary cancer which recurred in the axilla eighteen months later. The question was then mooted of removing the uterine appendages with a view to checking the further progress of the growth. At the operation it was noticed that there was a dilatation of one tube, and as the uterus was enlarged it was naturally thought to be an early case of ectopic pregnancy, especially as the ovary on that side contained a large *corpus luteum*. Under the microscope, however, no chorionic villi could be found, and when she returned to the hospital some time after, she was found to be five months pregnant.

MISCELLANEOUS.

The late Dr. Remfry showed, at the January meeting, a hydrocele of the canal of Nuck containing a portion of the left Fallopian tube.

At the June meeting Dr. Macnaughton Jones read a note on a case of complete incontinence of urine cured by ventro-fixation of the uterus.

This concludes my review of the year's work. My next duty is to speak of the Fellows who have been removed from us by death, and to give a brief account of their life and work.

OBITUARY NOTICES.

The Society has to regret the loss during the past year of one of its Honorary Fellows, Dr. Charles West.

CHARLES WEST

was born in London on August 8th, 1816. His father had originally been engaged in business, but a few years after his marriage he felt a "call" to become a preacher amongst the Baptists, the denomination to which both he and his wife belonged. In 1821 he became pastor of the Baptist congregation at Cheneys, in Buckinghamshire, and in order to increase his income he established a school there. After a time the school was removed to Amersham. It was at his father's school that Charles West received his early education. In 1831, having determined to devote himself to the profession of medicine, he was apprenticed to Mr. Gray, of Amersham, with whom he remained for two years.

In 1833, he entered as a student at St. Bartholomew's Hospital, and in 1835 he went to the University of Bonn, where he studied for a year, gaining the University prize for an essay, in Latin, on the "Female Pelvis and its Influence on Parturition." This essay afterwards served as his inaugural thesis. In November, 1836, he went to Paris, and in April of the following year to Berlin, where he took

his M.D. degree. He now returned to London, where he entered into an unprofitable partnership in the City, devoting his leisure to clinical study in the medical wards of St. Bartholomew's Hospital under Dr. P. M. Latham. In the summer of 1838 he went to Dublin, where he became an indoor pupil at the Rotunda Lying-in Hospital, returning to London in 1839. In that year he published an English translation of a work by the younger Naegele on "Obstetric Auscultation." Soon afterwards he began to pay special attention to the diseases of children, and in 1842 he was appointed Physician to the Dispensary for Children and Women in Waterloo Road. His contributions to the literature of his profession were at this time and throughout his life very numerous. He reviewed foreign medical works, and compiled digests of progress in midwifery and the diseases of women and children for the 'British and Foreign Medical Review' for several years, besides contributing original articles to its pages.

In 1845 he was appointed Lecturer on Midwifery at the Middlesex Hospital, and in the following year he was elected to succeed Dr. Ashburner as Physician-Accoucheur to that hospital. In 1847 he gave a course of lectures in the hospital on the diseases of children. These lectures were published in the 'Medical Gazette,' and afterwards in a volume, of which the first edition appeared in 1848, and the seventh in 1884, having been meantime translated into many of the European languages and into Arabic. This book was the best of its day on the subject of children's diseases, and was, like all Dr. West's books, delightfully written.

In 1848 he joined Dr. Rigby as co-lecturer on Midwifery at St. Bartholomew's Hospital and when, in the following year, Dr. Rigby retired he was appointed sole lecturer. He nevertheless retained the office of Physician-Accoucheur at the Middlesex Hospital until 1855, when he was appointed to a similar office on the staff of St. Bartholomew's with the charge of thirteen of the physicians' beds, the arrangement being that the patients in these beds

were admitted under the care of the several physicians and still nominally belonged to them throughout their stay, though their care and treatment were entirely undertaken by Dr. West. In August, 1861, he resigned both the appointment of Physician-Accoucheur and that of Lecturer on Midwifery at St. Bartholomew's. His midwifery lectures were, it is said, full of sound common sense, graceful in style, irreproachable in diction, and admirably delivered.

In the meantime, as early as 1849, Dr. West had begun to agitate for the establishment of a children's hospital in London. Having failed to induce the authorities of the institution in Waterloo Road to convert the dispensary into a hospital, he busied himself in the collection of statistical information as to the accommodation for children afforded by the various London hospitals, and thus armed he issued a printed appeal and called upon all the leading physicians with a view to obtain their support for his project. A provisional committee was formed and held its meetings at the house of Dr. Bence Jones. The scheme met with much opposition, but in 1851 had made sufficient advance to encourage an appeal to the public, and a meeting presided over by the late Earl of Shaftesbury, then Lord Ashley, was held in the month of May in the Hanover Square rooms. A week or two later the house in Great Ormond Street, which had once been the mansion of the famous Court physician, Dr. Richard Mead, was secured for a children's hospital. Its magnificent staircase, and spacious rooms rendered it in many respects exceptionally suitable for its purpose. In July and August 1851, Dr. West travelled through France and Germany, gathering all the information he could about the construction, furnishing, and organisation of hospitals with a view to the necessary alterations and equipment of the newly-acquired premises. The hospital was opened in February, 1852, and thus was brought to fruition the most important undertaking with which Dr. West's name is associated. He wrote the early reports of the hospital and lectured there on children's

diseases. His famous little book 'How to Nurse Sick Children,' a marvel of sympathetic insight into child nature, was published for the benefit of the institution. He remained Senior Physician to the Hospital for twenty-three years.

In 1842 Dr. West was admitted a Member of the Royal College of Physicians, and he was elected a Fellow in 1848. He held the office of Councillor in 1860, 1861, and 1869, and of Censor in 1863. In 1870 he was appointed Senior Censor.

In 1854 he delivered the Croonian lectures before the College, selecting as his subject "An Inquiry into the Pathological Importance of Ulceration of the Os Uteri," in which he combated the extravagant views of Dr. Henry Bennet, which were at that time much in vogue. He delivered in 1871 the Lumleian lectures on "Some Disorders of the Nervous System in Childhood," and in 1874 he was appointed Harveian Orator.

His well-known work on the 'Diseases of Women' first appeared in 1856. It was by far the best treatise on the subject that had yet been written in the English language, the first, indeed, that had adequately represented the knowledge of the time, whether in our own country or abroad. It passed through several editions, the fourth and last being published in 1879, under the editorship of Dr. Matthews Duncan, who, in his preface, paid a very high compliment to the author.

He was elected an Honorary Fellow of this Society in 1870, he was also a Foreign Associate of the Académie de médecine of Paris. In 1877 and 1878 he had the unique distinction of occupying the position of President of this Society and of the Royal Medical and Chirurgical Society simultaneously. It was during his first year of office that "a committee (of this Society) was formed to draw up the details of a scheme which should," to use Dr. West's own words, "provide for all midwives receiving, as they do in every continental country, a certain minimum of general and special education, and for their passing a very simple

examination." A deputation of the Society, headed by the President, waited upon the Duke of Richmond, then Lord President of the Council, to urge the matter upon the attention of the Government, and His Grace expressed himself as favourable to the principles which the Society's scheme embodied. Dr. West himself, as is well known, held very strong opinions as to the inexpediency of women engaging in the practice of medicine generally, opinions which time and the logic of facts did nothing in later years to modify. "But we cannot," he says in his Annual Address, "abstain from taking up the subject (of the education and registration of midwives) when we find that there is a body of several thousand women to whom the poor of this country have to look for attendance in their confinements, and that the bulk of these women have absolutely no education to fit them for their duties, and have advanced little, if at all, in intelligence during the past hundred years." And in a letter to myself, dated "Nice, December 24th, 1897," he expressed himself still more strongly. "I trust," he says, "that the Society over which you preside will not be in any way deterred from the attempt to raise the education and status of midwives by utterances such as those of Mr. Victor Horsley. It would be as reasonable," he continues, "to abolish the Pharmaceutical Society because dispensing chemists overstep their proper duties and give advice across the counter to people who come to them for medicine, as to endeavour to keep the midwife ignorant and incompetent lest she should interfere with the interests of the practitioner. His (*i. e.* Mr. Victor Horsley's) address is conceived in the spirit of the lowest trades unionism, and ignores entirely the wants of the poor." These words came quite unsolicited, in a reply to a dinner invitation, and may therefore be taken to express the writer's keen interest in the subject and deep rooted conviction of its gravity and importance.

In the year 1880, Dr. West, desiring to escape the London fogs, went to reside in Nice. This he continued to do for several years. But in 1885, having greatly im-

proved in health, and being anxious to be more actively employed, he returned to London and resumed practice in Harley Street. He appears to have had some hope of finding work in one of the children's hospitals but this, of course, was found to be impracticable. He had some private practice, but most of his time was spent in travel, in reading, and in literary work. The fogs again tried him, and he was obliged to winter abroad. Still he never lost his interest in his profession, and only a year or two before he died he published an expansion of an old introductory address, delivered in 1850 at St. Bartholomew's, under the title of "The Profession of Medicine, its Study and Practice, Duties and Rewards."

The opening words of the preface seem to me to illustrate so well Dr. West's fascinating style, and to possess such a pathetic interest, now that he is gone, that I cannot resist the temptation to quote them. "At the close of a long life," he says, "when active work is ended, when there is no more scope for ambition, no more question of self-interest; and when the mind turns naturally to what they are doing on the other side, rather than to what is passing here; one still asks oneself, is there yet nothing can be done to help those just entering on the path which one began oneself to tread sixty-three years ago?" "I have," he continues, "adopted the title of an old introductory lecture because, what I thought then, when my way seemed smooth and all my prospects fair, I think still, after much rough journeying and often under cloudy skies. An old man's opinions on these subjects will, I am sure, meet with indulgence. . . ."

In the winter of 1897-8 an attempt was made to dissuade him from undertaking the customary journey to the Riviera, on account of his advanced age and increasing feebleness. But he decided to go, and he remained abroad until the beginning of March. His health had been failing more and more, and now his great desire was to reach home again. On arriving in Paris he was manifestly unable to continue his journey, and after three

weeks' illness there he quietly sank, his death taking place on the 19th of March, 1898, at the age of 81. By his own request he was buried at Chislehurst. A memorial service was held at the Roman Catholic church in Palace Street, Buckingham Palace Road, at which this Society was represented by its President and Senior Secretary.

Dr. West was twice married, and had two children, a son and a daughter. His son is the Rev. Dr. Herbert West, of Ascham House School, Bournemouth.

"Charles West," says an anonymous writer in the 'British Medical Journal,' in a passage which itself is marked by unusual eloquence, "was undoubtedly one of the best public speakers in the profession. He handed down to this generation the traditions of the great orators of the past, and his finished orations belong to a class now seldom heard. . . . Even in private conversation he was deliberate in utterance, fastidious in the choice of words, and careful in the construction of his sentences. A public speech by him, especially one for which he had been able to make some preparation, was an artistic production which might be enjoyed even by those who dissented from his arguments. It was logically arranged, illustrated by simile and historical reference, every sentence well balanced, and every word well weighed. He had, in fact, many of the qualities of an orator—a good presence, variety of gesture, a voice capable of much modulation, considerable dramatic power, a mind well stocked with miscellaneous reading and a happy imperturbability which enabled him to turn interruptions to account, and to face a hostile audience without a trace of nervousness." But tastes change, and the style of oration here so eloquently described is not perhaps now admired so much as it once was. Nevertheless, it might well have been expected that one so highly gifted would be chosen to fill the position of President of the College of Physicians. He had the requisite scholarship, the requisite ambition, the requisite seniority, and the requisite leisure. Yet no one who was personally acquainted with him ever thought

of him in connection with that high office. The duty of writing these obituary notices is not always an easy one. It is sometimes very difficult, and occasionally almost impossible to find out the main facts of a man's life. It is sometimes equally difficult to present a true picture of the life, even when the facts are forthcoming. The temptation, of course, is to be content to write a panegyric, enlarging on all the man's virtues, and remaining silent as to his faults. Let us hear what Dr. West himself said about this part of a President's duty. It is evident that he painfully realised its difficulty. In introducing the customary notices of the deceased Fellows in his annual address, he says, "How best to do this is a problem which I do not well know how to solve. A dull catalogue of the day of birth, the day of death, the appointments held, the works written, would yield but little interest or profit—a mere colourless outline, in which it would be hard to recognise the once familiar features. To overlay the dead with praise would answer no better end. . . . I will try," he continues, "to be an honest chronicler, and to say of our lost friends what they who dwell now in a land where there are no false seemings would, if they revisited us, wish said of themselves."

Let me, in this spirit, endeavour to explain why Dr. West's highest ambition was not, and never could be fulfilled. He had one great failing which made it impossible. "With all his accomplishments," says the writer of an unpublished biography of him, "he was not in accord with his fellow men." No biography of him would convey a truthful portrait that did not make mention of this peculiarity, this flaw in a character and disposition in many respects truly admirable. He was continually acting as though he considered himself charged with "a divine mission to set the universe to rights." "He might have been," says the biographer from whom I have already quoted, ". . . . actuated by the highest motives in correcting the errors of others, nevertheless it led him to be continually at variance with his medical brethren. The

fact is a matter of history, and cannot be overlooked by anyone who proposes to write his life." His well-known difficulties with the staff of the Children's Hospital are a case in point. It was this contentious disposition that spoilt him, and that explained the otherwise enigmatical history of his life. But I have said enough. Less, I could not truthfully have said.

Yet, whatever may have been Dr. West's faults, it must ever be remembered that he accomplished, amidst much opposition and disappointment, a great work and that he was the possessor of qualities such as are the heritage only of the distinguished few. He was a man of whom not only this Society but the medical profession throughout this country may always be justly proud.

Before passing on to speak of our losses during the past year amongst the Ordinary Fellows, I must allude to a death that took place in 1897, but was not known to me when I delivered my last address.

KARL LIEBMAN

of Trieste, was probably known personally to few if any of the Fellows present except myself, although he had been a Subscribing Fellow for upwards of twenty years, and every year had sent to the Society, after the delightful fashion of his country, a message of greeting and goodwill on Christmas day. Our deceased colleague was born at Trieste on December 27th, 1839. On leaving school he went into business, but after three years' experience, finding himself drawn towards a scientific career he obtained his father's permission to again devote himself to study, and in one year had worked with such energy as to have made up for the time he had lost, and qualified himself for admission to the University of Vienna, which he entered in the year 1857, and where he obtained his degree in 1862. He had already, during the last two years of his residence as a student at the University, shown a decided taste for obstetrics and gynæcology, and he now hoped to remain in

Vienna and continue to work at those subjects. Circumstances, however, compelled him to abandon this project and to betake himself to practice in his native town. In 1872 he received an appointment on the staff of the town hospital, and, in consequence of his having acquired by his writings a considerable reputation in midwifery and gynæcology, a special obstetric department was established, with Liebman as its chief. Ten years later he had the title of Professor conferred upon him in recognition of his services as head of the new department.

In 1875 he visited this country, read a paper before this Society entitled "Clinical Notes on the early course of Cancer of the Cervix Uteri." In that paper he showed that the disease might spread much higher on the lining membrane of the cervical canal than the condition of the vaginal portion would lead the observer to suppose. He therefore supported the views of Spiegelberg, who had declared removal of the portio vaginalis to be useless in all cases of cervical cancer, except in pedunculated, cancroïd, papillary tumours of the lips of the os uteri, and opposed the opinion of Robert Barnes, who advocated removal whenever a distinct neck could be felt above the disease and the uterus remained moveable. It need scarcely be said that this was before the more radical operations of supra-vaginal amputation of the cervix, and total extirpation of the uterus had been proposed.

In May, 1875, Liebman was elected a Fellow of this Society, and in August of that year, I had the pleasure of making his acquaintance at the meeting of the British Medical Association in Edinburgh, on which occasion I officiated as secretary to the section of obstetrics under the presidency of Dr. Matthews Duncan. During the few days we were thus thrown together I saw a good deal of Liebman, and formed a high opinion of him as a scientific and enthusiastic worker in obstetric medicine. We never met again, but we kept up our acquaintance by the interchange of our publications, and watched each other's career with interest. In 1878 he joined the staff of the 'Centralblatt

für Gynäkologie,' and furnished to that journal critical abstracts of Italian contributions to the literature of obstetrics and gynæcology. He also wrote reports of his hospital work, a sketch of the hygiene of pregnancy, and several clinical studies, amongst which may be specially mentioned the following: on perforation of the uterine wall by the sound (1879); on intra-uterine medication (1877); on a simple and easy method of vaginal hysterectomy (1889); on scarlatina in the puerperal woman (1876); on a case of extirpation of the spleen (1888); on a case of myocarcinoma of the uterus (1888); and on the retention of the dead ovum in the uterus.

Liebman was a Foreign Member of the Obstetrical Society of Berlin, and a Corresponding Member of the Italian Society of Obstetrics and Gynæcology, and of the Medico-Chirurgical Society of Bologna.

He died at Trieste on August 17th, 1897, at the age of fifty-seven.

The first death that occurred amongst the Ordinary Fellows during the year 1898 was that of

LEONARD REMFRY,

one of the most active and promising of our younger obstetric physicians. Leonard Remfry was born in Calcutta in the year 1860. His father belonged to an old Cornish family, and was a partner in a well-known firm of East India merchants. His mother was the daughter of an ex-president of the Wesleyan Methodist Conference, Dr. Robert Young. Dr. Leonard Remfry was educated at Dulwich and at Christ's College, Cambridge, where he graduated in arts and medicine. On leaving Cambridge in 1882, he entered as a student at St. George's Hospital, where he obtained in succession the offices of House Physician and Obstetric Assistant. He was greatly esteemed, both as a genial and good-natured companion and as a conscientious worker, and when, in 1894, an assistant obstetric physiciancy was created, he was unanimously

elected to fill the post. He also held the appointment of Obstetric Physician to the Great Northern Hospital. He took his doctor's degree at Cambridge in 1890, and very shortly afterwards became a Member of the Royal College of Physicians. He made several important contributions to the literature of his profession, amongst the earlier of which may be mentioned "A Case of Pulmonary Embolism," read before the Clinical Society; "A Case of Collapse after Ovariectomy," in which life was saved by the intravenous transfusion of saline solution, recorded in the 'Lancet;' and "Some Investigations into the Condition of the Urine at Birth," published as part of a paper by Dr. W. Howship Dickinson in the fortieth volume of the 'Transactions of the Pathological Society.' To our own Society he contributed a case of foetal retroflexion; a paper comparing the effects, on fibro-myomatous tumour of the uterus, of ligature and division of the upper part of both broad ligaments, with those of the older operation of removal of the uterine appendages; an account of all the recorded cases of ovariectomy in women over eighty; and, lastly, a valuable monograph on the effects of lactation on menstruation and impregnation. He also published in 'International Clinics' a lecture on the conservative treatment of uterine fibroids.

Dr. Remfry proved an excellent teacher. He was endowed with remarkable perseverance, and with a singularly winning personality, so that his success was certain. Indeed, he had already begun to make his mark, when, to the great grief of his many friends, he died suddenly from epileptic coma on the 11th of February, 1898, at the early age of thirty-seven. Dr. Remfry was married, and had two children. His recreation was music, being himself an excellent musician and a fine instrumental performer. He was a very regular attendant at our meetings, and at the time of his death was one of the Society's Examiners for the Certificate in Midwifery. All of us who are engaged in the active work of the Society felt his loss severely.

The next name on my list is that of

BRIGADE SURGEON JOSEPH JOHNSTON,

who had been a Fellow of our Society since 1881, and had served on its Council during the years 1891 and 1892.

Dr. Johnston was born at Montrose, and received his medical education at the University of Edinburgh. He specially distinguished himself in the Department of Obstetric Medicine, which was presided over in Edinburgh at that time by the late Sir James Simpson.

He graduated in 1854, obtaining the gold medal for the best thesis of the year. He had attained under Simpson such skill in the administration of the new anæsthetic, chloroform, that he was selected, on the outbreak of the Crimean war, to proceed to the hospital at Scutari, where he did excellent service. He joined the Army Medical Department and served in Ceylon, and afterwards in India. In 1868 he accompanied the 26th Cameronians to Abyssinia, but was soon invalided home. He retired in 1880, and accepted an artillery appointment at St. John's Wood barracks. He was highly esteemed by the many batteries of which he successively had charge, and his body was carried to the grave by a number of artillerymen.

Dr. Johnston had some private practice whilst in London, but being possessed of private means, he never specially laid himself out for it, although his professional attainments, quick sympathy, and fine presence would almost certainly have ensured him, had he desired it, a large *clientèle*. He died on the 15th of March, 1898, at the age of 66.

EMIL ARNOLD PRAEGER

died at Los Angeles, California, on the 6th of March, 1898, at the age of forty-three. He was born in England, and for a short time practised his profession amongst us, but about fifteen years ago he had an attack of blood-poisoning, which laid him aside for nearly a year. On his recovery he went out to British Columbia, where he established a large practice. This he relinquished owing to the

illness of his little daughter, and pitched his tent in South California. Although he had only been four years resident in the State, he had so won the respect of his professional brethren that he had been already unanimously chosen as President of the County Medical Society. He is described by those who knew him as a man of high ideals, and a staunch upholder of the dignity and honour of his profession. He was elected a Fellow of our Society in 1885, so that his name had been on the roll for thirteen years.

JOHN RIGGS MILLER LEWIS

died somewhat suddenly on August 13th, 1898, at his residence, Kingston Hill, at the age of seventy-seven. At the time of his death he held the honorary rank of Deputy-Surgeon General of the Army, having retired in 1876 on half-pay. He had previously held the post of Surgeon to the 60th Rifles, and more recently that of Surgeon-Major to the Royal Artillery. Dr. Lewis received his early medical education in Dublin, where he took prizes in anatomy (1843), and in midwifery (1844). He became a Member of the Royal College of Surgeons of England, and a Licentiate in Midwifery of Anglesey Hospital, Dublin, in 1844. In 1847, he passed the examination for the Licence of the Society of Apothecaries of England, and also took his M.D. degree at Glasgow. In 1860 he became a Member of the Royal College of Physicians of London. He contributed two papers to the 'Army Medical Reports,' viz. one in 1871, on a "Case of Femoral Aneurism successfully treated by Compression"; the other in 1882, on a "Case of Poisoning by Iodoform." He was elected a Fellow of our Society in 1877, and had therefore been associated with us for nearly one and twenty years.

GEORGE ROPER

was born on the 15th of August, 1823, at Colby, in the county of Norfolk, where his ancestors had lived for 300 years. He received his medical education at Guy's Hospital,

and became a Member of the Royal College of Surgeons and a Licentiate of the Society of Apothecaries in 1847. After a short experience in the service of the Hudson Bay Company he joined Mr. F. Wildbore, a general practitioner in Shoreditch, with whom he had already served as an articled pupil, and to whose practice he eventually succeeded. He became a man of great influence in the locality, and acquired a considerable reputation as an able and scientific obstetrician. Having been fortunate enough to receive some substantial legacies, he retired from the practice about 1866. After a few years spent in travel and country pursuits he determined to devote himself to consultation work in his favourite speciality of obstetric medicine. In order to do this it was necessary that he should possess a degree. He therefore went to reside for a year in Aberdeen, where he took the degree of M.D. in 1873. In the following year he obtained the Membership of the Royal College of Physicians of London. For four years he did excellent work as one of the physicians to the Royal Maternity Charity, residing during this time in Finsbury Circus. His large experience in operative midwifery, for which he had a special aptitude, furnished him with the material for a really important and most valuable contribution to the discussion which took place at this Society, in 1879, on the use of the forceps and its alternatives in lingering labour. He was subsequently appointed Physician to the Royal Hospital for Children and Women in Waterloo Road, and removed to Ovington Square. In 1889 he left London again and settled near his native place in Norfolk. After residing there for some years his health failed, and, being unmarried, he went to live with relatives at Southwold in Suffolk, where he died of angina pectoris on August 14th, 1898, at the age of seventy-five years.

Dr. Roper was elected a Fellow of this Society in 1865. He served on the Council from 1875 to 1877, and again in 1883 to 1885; he was Vice-President from 1879 to 1881, and again in 1889; and he was a member of the

Board for the Examination of Midwives from 1880 to 1881, and from 1883 to 1885. He was a great traveller, had a good knowledge of horses, and was a keen sportsman. His old fellow student and lifelong friend, Sir Samuel Wilks, says he respected no man more than he did George Roper, who was, to his mind, a model general practitioner. "Straightforwardness and independence of character were," he says, "his main qualities." He speaks of him as being "remarkably acute in his insight into cases," and as having "made some capital diagnoses in cases of difficulty." Dr. Herman, who succeeded him in the service of the Royal Maternity Charity, has shown his admiration for his predecessor by dedicating to him his book on "Difficult Labour."

Dr. Roper contributed eleven papers to our 'Transactions,' mostly on obstetrical subjects. All of them were thoughtful and practical, but probably none equalled in importance or in permanent value his memorable speech in the discussion on the forceps to which I have already alluded. He also exhibited a number of very interesting specimens from time to time, and suggested several improvements in the cephalotribe and other obstetric instruments.

Besides his communications to this Society and other papers to the various medical periodicals, he contributed, in 1885, an account of a case of sudden death during labour to the pages of the 'Lancet.'

All of us will, I feel sure, be disposed to agree with the writer of the obituary notice of Dr. Roper that appeared in the 'Lancet,' when he says that Dr. Roper, combining as he did "a love of science and a grasp of its principles with a delight in the practical side of his work," "belonged to an order of practitioners that can be ill spared by the profession or the public."

JOHN WALLACE,

one of our leading Provincial Fellows, and for many years (1875 to 1891) one of our honorary local secretaries, was

born October 8th, 1837, at Falkland, in Fifeshire, and studied medicine at the University of Edinburgh, where, in 1861, he took his M.D. degree. After practising for a few years, first in Scotland, and afterwards near Carlisle, he settled in the year 1868 in Liverpool. There he soon made his mark as one of the District Medical Officers of the Liverpool Ladies' Charity and Lying-in Hospital, and, as a consequence, received in 1878 the appointment of Lecturer on Midwifery at the Liverpool School of Medicine, in succession to Dr. A. B. Steele. He was also elected Physician for the special diseases of women to the Royal Infirmary, and was placed in charge of the Thornton Wards in that institution. Upon the amalgamation of the School of Medicine with University College, Liverpool, Dr. Wallace became Professor of Midwifery and Gynæcology in the College, and an Examiner in Obstetric Medicine in the Victoria University. He was joint editor of the 'Liverpool and Manchester Medical and Surgical Reports' in 1876, and sole editor in 1877 and 1878. He published several papers on obstetric subjects, one, for example, in the 'Edinburgh Medical Journal' for 1872, on "The Exact Diagnosis of the Placental Position in Placenta Prævia by Vaginal Stethoscopy, and a Direct Mode of Hæmostatic Treatment," and, in the 'Reports' of which he was some time editor, one in 1876, on "The Mechanism of the Outlet in Natural Labour. . . . and How to Prevent Laceration;" and another in 1878, entitled "Clinical Studies on Some Forms of Utero-pelvic Disease." In 1879 he delivered an address, introductory to the opening of the Liverpool School of Medicine, on "The Connection between Hospitals and Medical Schools, and on Some of the Recent Advances in our Knowledge of the Diseases of Women." At the meeting of the British Medical Association held in Liverpool in 1883, Dr. Wallace opened a discussion in the section of obstetrics and gynæcology, on "Extirpation of the Uterus for Cancer." At that time the operation had not by any means been accepted in this country as a legitimate addition to our surgical resources

in uterine cancer, so that it was a somewhat bold proceeding for Dr. Wallace to justify it. This he did, however, pointing out the necessary conditions for success, and advocating the vaginal method of operating as preferable to either the abdominal or the combined abdominal and vaginal method. Dr. Wallace, too, was one of the earliest operators in this country to take up with enthusiasm the operation of abdominal hysterectomy in certain cases of uterine fibroids. He performed this operation at one time extensively, but of late years I am told that he absolutely refused to do so unless the patient's life was in danger.

Dr. Wallace had been in an unsatisfactory state of health for several years, and had been assisted in his lectures by his son, Dr. Arthur Wallace. His last illness, however, was enviably short. He had been suffering for a day or two from what he thought to be a slight gastric catarrh, when, after being present at his son's marriage, an attack of hæmatemesis suddenly supervened, and proved quickly fatal. He died on September 1st, 1898, at the age of sixty. His remains were cremated at Anfield in accordance with his wish.

Dr. Wallace belonged to a genus of Scottish university students, now almost, if not quite, extinct, who went up to college every October, taking with them bags of oatmeal and barrels of herrings. His son tells me that he was unable to raise sufficient money to pay his examination fees until the end of his fifth year, so that he had to pass in all the subjects of the curriculum at one time, a feat that he duly accomplished. The hardships and rough experiences of his early life bore fruit in a certain rugged independence of character which distinguished him throughout his career. He had a contemptuous disregard for many of the amenities of both social and professional life, and spoke out his mind with a blunt frankness that sometimes created difficulties. But it is quite probable that a weaker man would have failed to establish the position of the gynæcological department in the Liverpool Hospital as he succeeded in doing. No previous occupant of the post had given any clinical

teaching, or performed any of the operations. Liverpool students, therefore, have him to thank for having introduced a new *régime*, and made it for the first time possible for them to obtain some knowledge of practical gynæcology.

WILLIAM FREDERICK CLEVELAND

was born at Lowestoft, Suffolk, in 1823, and received his early education at Yarmouth. After an apprenticeship, extending over nearly five years, to a general practitioner in his native town, he entered, in 1843, as a student at Guy's Hospital, where he is said to have been held in high esteem by his teachers. On obtaining the diplomas of the College of Surgeons and the Society of Apothecaries, he joined a well-known firm of medical practitioners in the City. A few years later he settled in practice on his own account in Maida Vale, where he continued to reside up to the time of his death. In 1862 he took the M.D. degree at the University of St. Andrews, and was a member of the St. Andrews Graduates Association from the time of its establishment in 1867. He died in office as its President.

Besides conducting a large practice, Dr. Cleveland found time to take an active interest in various medical societies, and especially in the British Medical Association, of the Metropolitan Counties Branch of which he was, in 1890, elected President. After being President of the Harveian Society in 1870, he was selected in 1895 to deliver the Harveian Lectures before the Society, choosing as his topic "Induction and its association with the History and Progress of Medicine." He was one of the original Fellows of our own Society, served on the Council in 1863 and 1864, and filled the office of Vice-President from 1875 to 1877, and again from 1887 to 1889. He was a familiar figure in our meetings, and frequently took part in our debates. Among the many interesting cases and specimens that from time to time he brought before the Society may be mentioned a remarkable case of imperforate anus,

in which the child lived upwards of ten weeks without relief from the bowel after ten unsuccessful operations, and a series of specimens of a membranous cast discharged by a patient shortly after delivery on three successive occasions, which were reported by a committee, of which Dr. Galabin and Sir John Williams were members, to be almost certainly the decidua from the non-pregnant half of a double uterus.

Dr. Cleveland's death took place very suddenly on the 24th November, 1898. He had seen his patients as usual in the morning and was expecting two friends to dine with him. Whilst in the drawing room, a few minutes before their arrival, he suddenly fell down and died immediately, at the age of seventy-five.

CHARLES EGERTON FITZGERALD

of Folkestone, was born in London in 1830, and after serving an apprenticeship to a medical practitioner in Bicester, entered as a student at St. Bartholomew's. He accompanied Lord Dufferin in his cruise to Iceland in 1856, and in 1857 he settled in Folkestone, where he established an extensive practice and became an active and valued member of the community. He helped to establish a local natural history and microscopical society, over which he presided for more than twenty years. When the Folkestone Medical Society was instituted in 1893 he was appointed its first President, and continued to hold that office up to his death. He was a man of wide interests and culture, and devoted much of his energy to the advancement of the welfare of the town of Folkestone. He died from perityphlitis on the 11th of December, 1898, at the age of sixty-eight. He had been a Fellow of our Society since the year 1882.

ALFRED KEBBELL,

who died at his residence, Flaxton, York, on December 21st, 1898, at the age of fifty-one, had been a Fellow of our

Society for eighteen years. He was a native of London, and received his medical education at the London Hospital, where he held the office of House Surgeon. Before settling in practice at Flaxton he held, for twelve months, a similar appointment at the York County Hospital. He had an extensive practice, and was one of the District Medical Officers of the York Union. He published in the 'Lancet' for August 5th, 1876, an account of a case in which a girl aged thirteen and a half years was delivered of a living child at full-term, and was the author of several other contributions to the same journal, and to the 'British Medical Journal.'

On the same day that Mr. Kebbell died, there died also another and younger Fellow of the Society,

ALFREDO ANTUNES KANTHACK,

the recently-appointed Professor of Pathology in the University of Cambridge. Professor Kanthack was born in Brazil, in 1863, and studied first at Hamburg and Luneberg, then at University College, Liverpool, afterwards in St. Bartholomew's Hospital, London, and St. John's College, Cambridge, and finally at Berlin. He became a Fellow of the Royal College of Surgeons in 1888, a Member of the Royal College of Physicians in 1892, and a Fellow in 1897. After graduating at the London University, he betook himself to Berlin, where he speedily distinguished himself as an original worker in pathology. In 1890 he went to India as a Commissioner appointed by the National Leprosy Fund, along with Dr. Beaven Rake and Dr. Buckmaster, to investigate and report upon the question of leprosy in that country. On his return home, he was elected John Lucas Walker student at Cambridge, and produced several valuable papers as the result of his year's work.

After a year passed in Liverpool as medical tutor and pathological registrar, he was appointed in 1893 Lecturer on Pathology at St. Bartholomew's Hospital. It was

while he held that post that he took part, as a Fellow of this Society, in the important discussion that followed the reading of a series of papers on deciduoma malignum. It is probably not too much to say that Dr. Kanthack's was the weightiest contribution made to that discussion. His speech was a masterly presentment of the case against the new term, argued from the standpoint, not of the specialist, but of the general pathologist. He expressed his firm belief that the (so-called) deciduoma was "a typical sarcoma, characterised by features common to many forms of sarcoma." "There was," he said, in his summing up of the evidence, "no proof that the deciduoma malignum was anything special or specific; in most cases it was a sarcoma differing in nothing from a sarcoma elsewhere, or possibly modified simply by the concurrent stimulus of pregnancy. There was no proof that pregnancy, abortion, or the retention of decidua or chorionic villi had caused the malignant growth. He saw no reason," he continued, "for accepting a novelty based partly on insufficient embryological knowledge and unsound pathological deductions, or partly suggested by specialistic prejudice." Dr. Kanthack further laid the Society under obligation by serving on the committee appointed to examine and report upon the specimens that had been presented. These were three in number; Mr. Rutherford Morrison's, Dr. Spencer's, and Mr. Malcolm's. The report, which appeared in the 'Transactions' for 1896, concludes with the statement "that in the opinion of the committee there is nothing in the histological characters of these specimens to justify the supposition that they are of decidual origin, and the term deciduoma malignum is therefore an inappropriate one." As the names appended to this report include, in addition to Dr. Kanthack's, those of Mr. Bland Sutton, Dr. Eden, Mr. Doran, Dr. Spencer, Dr. Griffith, and Mr. Targett, I need scarcely insist upon its importance.

In 1897 Dr. Kanthack left St. Bartholomew's to succeed Professor Roy at Cambridge, where his enormous capacity

for work, his remarkable acquaintance with the literature of his subject, his rare critical faculty, and his singular power of kindling a pathological enthusiasm in those who came within his influence, speedily led to his being regarded as an almost ideal professor, and an inspiring presence in the Medical Department of the University, where his loss is felt to be well-nigh irreparable.

And here my series of biographical sketches comes to an end. To the relatives and friends of those of whom I have thus endeavoured to present you with some slight memorial, these notices must inevitably appear bald, common-place, and inadequate, scarcely more than a meagre record of names and dates. To those, on the other hand, to whom the subjects of these sketches were unknown, it is possible I may seem to have erred in the other direction, and gone into unnecessary detail. I can but plead the difficulty of my task, and crave your indulgence for the very imperfect way in which it has been executed. I have at least endeavoured to ensure accuracy in my brief records, and to observe a due sense of proportion as regards their length. I have also tried, with what success I must leave my hearers to judge, to infuse into them something of a human interest.

And now all that remains for me to do is to say one word of farewell. My term of office is at an end. I thank you all and especially my fellow office-bearers for the help and support I have uniformly received in the conduct of the Society's business both in this room and in the meetings of the Council. Without such help and support the position of President would have been felt as a heavy burden, instead of which, by your kindness, it has been a source of pleasure. In resigning this chair, it is a satisfaction to me to know that its next occupant is to be one, of whose contributions to scientific gynæcology all British gynæcologists are justly proud, and whose irrepressible

but never unkindly humour may be relied upon to relieve the dulness of even your very driest debates. I congratulate *you* and I congratulate *him*. The best I can wish him is that his tenure of this high office may be as pleasant and peaceful as mine has been.





