

ADDRESS ON OBSTETRICS.

BY

THEOPHILUS PARVIN, M.D.,

PROFESSOR OF OBSTETRICS AND THE MEDICAL AND SURGICAL DISEASES OF WOMEN, COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

"There is no department of medicine or surgery, superior to midwifery in dignity and utility."—*Mauriceau*.

OF American Obstetrics, with its associate branches, Gynæcology and Pædiatrics, we commemorate the centennial.

What have Americans done, in the century just closed, to advance these great departments of Medicine? How easy the question and how difficult the answer! Contemporaneous discoveries and successes are found in these as well as in other fields of human effort, and who, then, shall be *primus inter pares*? Sometimes, too, that which is supposed to be new¹ is really old, and the discoverer has unconsciously trodden in the footsteps of another.

Beside this, much of medical knowledge is merely provisional, the best expression of the truth for the time being, and serves only a present utility—a mere ladder by which we ascend to higher platforms and larger planes, and which is then cast aside. Nor does everything claimed as valuable by him who first points it out, prove to be such when thoroughly tested. Alas, for the many Ixions who mistake a cloud for a goddess! Alas, for the fool's gold that so often delights, so surely disappoints! Change is not synonymous with improvement; so far from change always being progress, it may be retrogression.²

Nor are these the only difficulties. Add to them the limitation of individual knowledge, and the infirmities of human judgment, so liable to error in estimating the value of things present, no matter how determined and desirous one may be *suum cuique tribuere*. And surmounting all these, there stands in bold relief the fact that the very work of this occasion has been largely anticipated by an able paper in the American Journal of the Medical Sciences,³ from the pen of one who has himself contributed so much to the glory of American Medicine. Confronted by such difficulties, and addressing such auditors, one even of ample qualifications might well shrink from attempting the duty assigned me.

However, strengthened by your recognition of these impediments, and

¹ Professor Blackie. *Horæ Hellenicæ*, observes: "Even in the free exercise of poetical talent in the case of individual poets of highly potentiated imagination, we constantly stumble on comparisons which have been made independently by other poets at other times or in distant countries, and which superficial critics are sometimes eager to fasten on as plagiarism." Quite similar facts are observed in the history of medicine.

² Baudelocque, Vol. II, pp. 34, of *L'Art des Accouchemens*, Paris, 1781, in referring to the obstetrical forceps remarks: ". . . car si plusieurs ont travaillé à sa perfection, les autres ne l'ont rendu que plus imparfait."

³ July, 1876. A Century of American Medicine. III—Obstetrics and Gynæcology. By T. Gaillard Thomas, M.D.

confiding in your earnest sympathies with this work, I address myself to it with zealous desire to honor justly both the dead and the living of our country, who have added useful knowledge in obstetrics, and in diseases of women or of children, and to help exalt their fame in all they have thus done to lift or lighten the cross of human suffering.

In this proposed exposition, the subject of Obstetrics will, for obvious reasons, be presented first. After some brief allusions to the condition of obstetric art and science in the last century, and the sources from which the first American practitioners of this art derived their knowledge, suitable topics will be found in works on Obstetrics, and in special contributions to obstetric pathology and therapeutics.

The eighteenth century was marked by great advances in obstetric knowledge and improvements in practice, though history has shown the mistake of a distinguished physician of South Carolina, Dr. David Ramsey, who, in an address before the Medical Society of his State, on the first day of the present century, asserted "that the art of obstetrics had been brought to such perfection, further improvements were scarcely to be expected."

Standing at the commencement of the eighteenth century is the famous Hollander, Deventer, who declared theory as essential to practice as body to shadow—surely a very doubtful compliment to practice—who asserted that those¹ ignorant of the obliquities of the uterus were equally blind with him that saw trees as men walking, but who, despite these and similar exaggerations, despite plain, palpable errors, advocated cephalic version, and taught the genu-pectoral position as part of the treatment in one variety of prolapse² of the cord, and in some cases of transverse³ presentation.

Near its close we have the illustrious Baudelocque, to whom so many of our obstetric authors acknowledge their obligations, and whose fame, notwithstanding his twenty-three presentations and ninety-four positions, has suffered only partial eclipse in the revolutions of more than four-score years. And interposed we have Chapman coming from the country to London once a year to give lectures on obstetrics, the first,⁴ and the first ever given in that city, being in 1730, and revealing the beneficent instrument which the Chamberlens had kept secret with cruel cupidity, the obstetric forceps; we have Sir Fielding Oulde, the wit's "Lord deliver

¹ . . . quicumque obliqui situs uteri sunt ignari, in artibus obstetricantium æque cecutiant, ac ille, qui homines instar arborum videbat ambulantes. Henrici à Deventer, Medicinæ Doctoris, Operationes Chirurgicæ Novum Lumen exhibentes Obstetricantibus, etc., Leyden, 1701.

² Similiter accidit sed rarius, ut *funiculus* à capite retrorsum *vertebris* vel *ossi sacro* apprimatur: tunc caput alterutra manu removendum, prout scilicet plus minus in alterutrum latus vergit; parturienti (si vires suppetant) in *genua provolutæ* à tergo manum sospitam admoveat *obstetrix*: aut, si infirmior fuerit, in *alterutrum latus* declinetur, *uno pede ad ventrem attracto*, ut plus spatii suppetat, etc., Ibid., cap. xxxviii. De partu difficili, ab infante prævia vena umbilicali prodeunte.

³ ideoque parturientem, tali situ disponat, quo uteri spatium suppetat, nec ille cum infante in manum *obstetricis* delabatur; nimirum *utero propendulo* convenit parturientem *procumbere genibus*, aut in *dextrum latus inclinare*, posteriore corpore aliquatenus elevato, et ut plurimum prono, etc., Ibid., cap. xl. De infantibus transversim pœntis.

⁴ My authority is Dr. Thyme. Vide MSS. Lectures, 1794, Surgeon-General's Library, Washington. Dr. T. remarks, "Chapman had no machines, nor were his students allowed to attend midwifery cases. To Smellie we owe those improvements." Denman, however, credits Dr. Maubray, 1724, with the first lectures.

us," giving a glimpse at the mechanism of labor, that mechanism soon to be much more fully and clearly expounded by Smellie and Solayres; we have Smellie and William Hunter, representing opposite but concordant elements of obstetrics, mechanism and physiology, the one writing a work upon obstetrics, the fruit of forty years' study, which for nearly three-quarters of a century was the best English text-book, and enduring the harmless criticism of Dr. Burton, who probably had his reward in being made the Dr. Slop of Tristram Shandy; the other preparing those plates of the human gravid uterus, which can never become obsolete; we have Levret, the geometric obstetrician, explaining the mechanism of labor before the Paris Academy of Surgery, using in his demonstrations the egg of an ostrich and a "matrice mécanique," and dividing with Smellie¹ the honor of an important improvement in the forceps. With these two men, using the words of Baudelocque, commenced the most brilliant epoch of obstetric art.

But it is not my purpose to mention further the famous obstetricians of the eighteenth century, and allude to any of their special contributions. Enough to add that the two first American obstetric practitioners had been instructed by two of the most eminent of London teachers, for Lloyd,² in Boston, and Shippen,³ in Philadelphia, were pupils of Smellie and Wm. Hunter. Thus we see that the germ of American Obstetrics was British rather than French, in so far giving probable contradiction to the assertion of Dr. Tyler Smith when he states, "notwithstanding the blood relation between the United States and this country, American Midwifery is far more the child of France than of England." So, too, probable contradiction is given by these other facts, that Dr. Samuel Bard, the author of the first American work on obstetrics, had received his professional training largely in Edinburgh; and that there, too, after having previously been a house-pupil in London under Drs. Osborne and John Clarke, was instructed Dr. T. C. James, the first professor of obstetrics in the University of Pennsylvania. And the famous Dewees, who bears the same paternal relation to American Obstetrics that Physick does to American Surgery, or Rush to American Practice, and who "has the high honor of first attempting a full course of lectures on obstetrics in America,"⁴ was too independent a thinker and original investigator to be unduly swayed by the teachings of any man or of any school.⁵ And finally, the obstetric books of the American profession have been British or American much more than French.

Seventy or eighty years ago, the practice of obstetrics was almost exclusively in the hands of women, even in the long settled parts of the United States, and, as the tide of population passed westward, the female midwife was still the trust of the matrons among the early settlers who

¹ Possibly, according to the recent researches of Dr. McClintock, each of them was anticipated by Dr. Pugh (see Dublin Journal, June, 1876), so that there is an end to the contest in this matter between France and England.

² Dr. Bartlett, of Massachusetts, states that Dr. James Lloyd, of Boston, was the first systematic practitioner of midwifery in that section of the country, 1754.

³ In 1756 Dr. William Shippen engaged in the same practice at Philadelphia, and subsequently was Professor of Anatomy, Surgery, and Midwifery in the University of Pennsylvania.

⁴ Eulogium upon William P. Dewees, by Prof. Hugh L. Hodge. These lectures were first delivered in 1797.

⁵ "Drs. James and Dewees should be regarded as the fathers of obstetric science in America: the former, erudite and polished, gave currency to the teachings of the British schools; the latter, more vigorous and energetic, exemplifying theoretically and practically the doctrines of the French obstetricians."—Preface to Hodge's Obstetrics.

swept away the forests and founded an empire beyond the Alleghanies. Dr. J. G. F. Holston¹ has given a most graphic description of early midwifery in Ohio; but the compensation of these practitioners, as stated by him, seems so meagre that none could have had a lucrative practice, no matter how large it was—one dollar, and in cities not more than three dollars, and in the country the midwife was also nurse the first week or until the ninth day.

Nor had the American midwife any of the posthumous honors which were once the fortune of her sisters in France. That famous *sage-femme*, Louise Bourgeois—whose picture² Dr. Goodell has with such perfect art recently exhibited to the profession—in her Instructions to her daughter, Paris, 1617, states, "There are now very few women who have such an affectionate regard for their midwives as prevailed formerly, when it was the custom, if a midwife died, for her friends to put on deep mourning for her, and they prayed God not to send them any more children,"³ etc.

However the fact remains that the general practice of obstetrics in this country has been but for little more than half a century chiefly devolved upon medical men, and even to this day, in most of our large cities, a considerable portion of this practice, more especially among the foreign population, is attended to by females.

The first American work on obstetrics was the Compendium of Midwifery, by Dr. Samuel Bard, of New York, the first edition being issued in 1808, the fourth and last in 1817. Using the phrase of the present day, this book is remarkable for its amount of *padding*, page after page being filled with extracts from Smellie, Perfect, Clarke, and various writers in the Medical and Physical Journal. But it also contains many judicious thoughts and directions well expressed by Dr. Bard, and from the very number and variety of important cases quoted, is really an excellent compend of clinical obstetrics. In meeting that *nodus obstetricus*—why labor occurs at nine months, Dr. Bard does not shelter himself with Avicenna behind the grace of God, but assails the question with a brace of questions, Why do strawberries ripen in June and peaches in August?

In reference to the delivery of the placenta, he certainly was greatly in advance of many obstetric authors of recent days, advising almost essentially Cr  d  's method before Cr  d   was born, as the following passage clearly shows. "While this is about," *i. e.* attention to the new-born child, "let an assistant or the woman herself, place her hand on the abdomen, a little above the fundus uteri, so as in some measure to grasp it in the palm, and make a moderate pressure upon it. This can possibly do no harm; it has been my general practice; and I think I have found a manifest advantage from it in promoting the contraction of the uterus and in disengaging the placenta."

And in the management of women after parturition the following instructions seem wise, though even at this day they are too generally neglected. "After one or two days, women should rise from their beds, and sit up for a longer or shorter time every day, according to their

¹ Transactions of the Ohio State Medical Society, 1857.

² A Sketch of the Life and Writings of Louise Bourgeois—The Annual Address of the Retiring President before the Philadelphia County Medical Society, by William Goodell, A.M., M.D. Delivered June 5th, 1876.

³ Dr. John Moultrie, for forty years at the head of the profession in Charleston, died about 1773; and several of the ladies of the city bedewed his grave with their tears, and went into mourning for him.—Thacher's Medical Biography.

strength and inclination." "The lochia require no other attention than sitting up a short time every day to promote their evacuation."

Of wider scope, of more originality, and destined to a much larger fame, was the *Compendious System of Midwifery*, by Dr. Dewees, first issued in 1826, of which no less than twelve¹ editions have been published. Dewees himself had some years before, 1807, published an abridgment of Heath's translation of Baudelocque, with annotations, and it passed through at least three editions. Burns's *Principles of Midwifery* was republished in 1810, with notes by Dr. Chapman, and several subsequent editions edited by Dr. James; in 1821, Denman's *Introduction to the Practice of Midwifery*, with very valuable notes by Dr. John W. Francis, was issued in New York. But not Baudelocque, nor Burns, nor Denman was to be the first great obstetric teacher of the American profession. He who was to have this honor was no favored child of fortune, but one early in youth left fatherless and poor, with no heritage but a good name, with few facilities for acquiring a complete literary education amid the desolations of the Revolution, yet bravely struggling up against rude adversities. His first professional labors were those of a country practitioner in one of the pleasantest² of villages—once hidden away, surrounded by farms or forests—now almost lying within reach of the outstretched arms of this great city. There he acquired those habits of close observation and reflection which were the foundation of his future greatness and fame. Then, after four years' experience casting his lot in Philadelphia, and without fortune, without family influence, without professional friends save as they were attracted to him by the recognition of his abilities—no adventitious aids—he succeeded by his own inherent power and perseverance. The name of William Potts Dewees should live forever in the memory of the American profession.

Dr. Hodge, in speaking of Dr. Dewees in 1842, observed: "He is our representative to other nations on the science of obstetrics, and as such is continually quoted by European authorities, as if he constituted one of their own number."³ As to the merits of Dewees's *Midwifery*, let me again quote the opinions of Dr. Hodge. He considered it, twenty years after its publication, as "probably the best practical book in our profession." "It takes a stand decidedly in advance of Denman, Osborne, Burns, and other English authorities in general use in our country at that period, and even of Baudelocque himself," etc. Without acceding to the truth of Pope's couplet—

"Authors, like coins, grow dear as they grow old;
It is the rust we value, not the gold,"

¹ "An honor rarely, if ever, bestowed on any similar work."—*History of American Medical Literature*. By Professor S. D. Gross.

² Abington, Penna.

³ "Dr. John Ramsbotham, of London, dedicated the second part of his 'Practical Observations on Midwifery' to Dr. Dewees, in connection with Sir C. Mansfield Clark. Dr. Edward Rigby, of London, and author of a most excellent work on *Obstetrics*, which has lately been republished in this country, writes to Dr. Dewees in August, 1834, in the following manner:—'I trust you will pardon the liberty I have taken in writing to you, as well as the motives which have induced me to do so. I have been accustomed, for some years, to hold such frequent intercourse with you in reading your admirable system of *Midwifery*, and work on children, that I cannot refrain from requesting a more direct intercourse between us,' etc. The July number of the *British and Foreign Medical Review*, for 1839, contains the following handsome compliment:—'The Philadelphia school of *Midwifery* has for many years been looked upon with great respect by the obstetricians on this side of the Atlantic. The high name and professional standing of Dr. Dewees, his great experience, and, above all, his inestimable, compendious system of *Midwifery* and other valuable publications, have mainly contributed to this result.'

let me predict that as with pious care and grateful appreciation one of the most celebrated of the Dublin school is bringing the "Treatise" of Smellie before this generation, so this or a succeeding generation will see the avatar of the "Compendium" of Dewees in like modern form.

To Dr. Dewees, probably, we are more indebted than to any one else, for the general preference on the part of the American profession for the long forceps.¹ Dr. Dewees² accomplished great good in exposing the errors of Denman in his aphorisms as to the use of this instrument, and the practice of the former is much more in accordance with that of to-day, than is that of the latter: an apparent timidity and conservatism ruled Denman's teachings in this regard, which conduced to the interests of neither mother nor child—he was a representative of that *physiological* school of obstetrics, originating with William Hunter, in opposition to what Tyler Smith has termed the *mechanical* school of Smellie—but our American obstetrician represented both in harmonious union.

To Dr. Dewees belongs the honor of pointing out the value of venesection not only in overcoming rigidity of the os uteri, but also in diminishing the resistance of vaginal cicatrices—the utility of his teaching and practice in this regard being recognized by foreign obstetricians.

It is sad to recall the fact that this famous man, with whom the history of American obstetrics really begins, should ever have been an unsuccessful candidate for the chair of midwifery in the University of Pennsylvania;³ sadder still to know that when, twenty-four years later, the honor came by unanimous voice of the trustees, failing health permitted him to hold it but a year—the infirmities of age are upon him, almost the shadow of the grave is in his path before he reaches the noble goal of his life, and grasps the coveted prize. How true it is that his

—“laurel crown

Rustled most when the leaves turned brown.”

The next American work on Obstetrics was "The Philadelphia Practice of Midwifery," by Dr. Charles D. Meigs,⁴ published in 1838; it was brief and elementary; a second edition was issued in 1842. Three years subsequently Dr. Meigs was elected a professor in Jefferson Medical College, and became famous as one of the best of teachers and one of the most brilliant of lecturers, while his genial manners in social life won all hearts. Almost equally fascinating with his uttered are his printed words, so that one can now read page after page until hours pass away without weariness. Fluency and force, strength and beauty, characterized his literary composition in a remarkable degree; not only

¹ It is stated by Hutchinson (Biographia Medica, London, 1799), that Smellie for a time endeavored to substitute wooden for steel forceps.

² In referring to Dr. Denman, Dr. Dewees remarks: . . . "there was a time in my life when I looked upon Dr. Denman to be the highest authority in midwifery."

³ The election of Dr. James seems really to have been effected by a combination between him and Dr. Chapman—there were only three candidates—the latter to have half the emoluments, and to succeed to the next vacant chair in the University (see Hodge's eulogium upon Dewees)—a sort of bargain and sale which at this distance does not seem quite immaculate.

⁴ A very interesting memoir of Dr. Charles D. Meigs, by his son, Dr. J. Forsyth Meigs, has been published, but unfortunately did not come into the writer's possession until he was correcting the proof-sheets of this Address. In the memoir the author states that his father wished to call his home in the country "Paraclete," the Comforter. Was not this in imitation of Abelard, who, when his admiring students, following him to his desert retreat, built him a new oratory, called it the Paraclete?

the treasures of his favorite department were his, but he was at home in general literature and familiar with classic story, while a Gallic vivacity, if not a poetic genius, flashed out as he moved on his brilliant path, like the phosphorescent spray from a ship's prow as she ploughs the tropic seas.

In 1849, Dr. Meigs re-issued his work on obstetrics in a much enlarged and improved form; since that date four editions have been published, this fact indicating the great favor with which the American profession regarded it. The most valuable discovery in obstetric pathology made by Dr. Meigs is the usual cause of sudden death after delivery, which he announced in 1849. Before and since, various other explanations of this terrible accident have been given, such as the entrance of air by the uterine veins, nervous exhaustion, shock, puerperal poisoning, etc., but to-day the theory of Meigs has general professional acceptance, even if the heart clot, or pulmonary thrombosis, the immediate cause of fatality, should be proved to be itself a result of myo-cardiac¹ degeneration.

As we read how earnestly Dr. Meigs declares against Cæsarean section, save in the interests of the mother, we shall find additional reasons for questioning Dr. Smith's allegation as to American obstetrics being so much more nearly a product of French than of English teaching—the chief alleged characteristic of the French school being the proneness to sacrifice the mother's rather than the infant's life whenever the rights of the two are brought in conflict.

Dr. Meigs's views as to puerperal fever were boldly expressed, and no concealment of them is now required. The painter in the Sacrifice of Iphigenia simply drew a veil over the face of Agamemnon: Would that a veil had forever hidden, not the views of Dr. Meigs only, but of other teachers of the Philadelphia school, and many sacrifices, blinder, more terrible, might have been averted! He who held the non-contagiousness of measles, of scarlet fever, even, might also hold to the non-communicability of puerperal fever under all circumstances. To-day, at least, the American profession are generally agreed that while the disease is frequently auto-genetic, it sometimes at least, and in its most terrible forms, is hetero-genetic, and it is the merest *petitio principii* to allege, as Dr. Meigs did, that, because he did not know of his having communicated it, either by conveyance of the poison from one patient to another, or from autopsies, therefore this never happened to others.

In 1849, "A Theoretical and Practical Treatise on Human Parturition," by Professor Henry Miller, of the University of Louisville, was published. In 1858, a republication of this work, much enlarged and improved, was made. From Dubois, Dr. Miller took his anatomy, and from Dugès, his classification of presentations and positions, while his principles of practice were essentially the same as those of Burns and Hamilton. Dr. Miller's views in reference to the importance of inflammation of the lining membrane of the uterus as a frequent cause of abortion, were certainly in advance of obstetric writers of his day. So, too, the higher honor must be given of being the first American obstetric author who advocated anaesthesia in labor.

Dr. Miller was a man of vigorous mind; he was clear and original in thought, concise in expression, severe almost to bitterness in controversy.

¹ De la Myocardite Puerpérale, comme cause la plus fréquente des Morts Subites apres l'Accouchement. Par Maurice Coste. Paris, 1876.

Like Dr. Dewees, he had few early advantages in education, but he learned to use his pen with more ease and force than the latter, and probably was a man of better original endowments. His work on obstetrics was declared by the late Dr. Condie¹ to be a most able one, conferring the utmost credit upon the author.

The Principles and Practice of Obstetrics, by Gunning S. Bedford, M.D., Professor of Obstetrics in the University of New York, was published in 1861; and five subsequent editions have been issued. Dr. Bedford's volume, which is probably the most learned of American works on obstetrics, is in the form of lectures, and with here and there some extravagances in rhetoric, is written clearly, plainly, indeed sometimes assuming a colloquial style. It is evidently "the result of much labor and research."² From its long list of authors quoted, and from its full and carefully prepared index, it is admirable as a book of reference.

We find this author arraying himself on the side of the contagionists as to puerperal fever, but a rejector of anæsthesia in normal labor. His teaching as to the choice between craniotomy and the Cæsarean section is almost directly the opposite of that of Dr. Meigs and most other American obstetricians, and while he protests against craniotomy, he does not fully recognize that podalic version may be the true alternative, and not the Cæsarean operation.

In 1864, the most original and elaborate of American Obstetrical works was issued in Philadelphia, the admirable treatise of the late Dr. Hugh L. Hodge, the honored successor of Dewees in the University of Pennsylvania. After thirty-one years of obstetric teaching, he prepared this rich legacy for the profession.³

Dr. Hodge was the first to illustrate the peculiarities of the female pelvis, its axes and its planes, by taking a plaster cast of it, and making sections of the cast. He was the first to use photography,⁴ to exhibit with perfect accuracy the relations of the foetal head to the mother's pelvis, in the various presentations and positions, and in the different stages of simple and of complicated labor, and also the applications of the forceps in different positions. He contributed materially to restore the vectis to use in the remedying of malpositions. The application of the obstetrical forceps to steady and isolate the head, in craniotomy, then after the operation the use of the instrument for compression and extraction, must be regarded as a most valuable improvement, for which the profession is indebted to Dr. Hodge. He also improved the operation of cephalotripsy by devising a simple and efficient instrument—his compressor cranii. He taught the doctrine of synclitism, or parallelism of the plane of the child's head, in cases of natural presentation, to the planes of the pelvis and vagina, as early as the year 1832, and from that time until his death presented this doctrine with more precision and detail than has any other author. He was among the first to recommend the induction of premature labor, in cases where labor had previously terminated fatally to the child in consequence of its great size and the complete ossification of its head. His obstetric forceps is the one

¹ American Journal of the Medical Sciences, Jan. 1857.

² British and Foreign Medico-Chirurgical Review, July, 1862.

³ "Dr. Hodge's treatise is, nevertheless, full of much valuable information, and although its price alone will prevent its ever becoming popular amongst students in this country, still we strongly recommend that it should have a place in the library of every obstetric physician."—British and Foreign Médico-Chirurgical Review, October, 1865.

⁴ This was done at the suggestion of his son, Dr. H. Lenox Hodge.

held in most favor by the American profession. Few men have studied the mechanism of labor more thoroughly, none have expounded it more clearly. Generations may come and depart, until another century pours its treasures upon the race, but it is doubtful if among these will be found another work on obstetrics of greater relative merit and of more enduring value than the treatise of Dr. Hodge.

In the year 1870, a *Treatise on the Theory and Practice of Obstetrics*, by Dr. W. H. Byford, was published, a second edition appearing in 1873. The design of Dr. Byford was to furnish the student and busy practitioner with a more concise work than any in general use, and yet embodying all the necessary practical information. No one can question how well its able and industrious author has succeeded in this design.

A work entitled *Elements of the Principles and Practice of Midwifery*, by Dr. David H. Tucker, was issued in 1848. The *Obstetric Catechism* of Dr. Warrington was, in Philadelphia, held in high esteem twenty or more years ago, especially by those who were fortunate enough to avail themselves of the practical instructions of this excellent teacher. Dr. Cock's *Manual of Obstetrics*, 1853, was held in like favor in New York.

Having devoted so much space to the consideration of treatises upon obstetrics, the topics of obstetric pathology¹ and therapeutics must necessarily be briefly considered.

The present century has been marked by some of the most important advances in obstetrics; and "it is not going too far to assert that, notwithstanding the brilliant improvements in surgery, and the solid and wise modifications in medicine, the changes in our art have preserved more lives, and relieved more human suffering and misery." In promoting these advances, and in effecting these changes, our country has borne her part. Few obstetricians of the present day would accept the statement of William Hunter, that upon the whole the forceps had "done more harm than good," or participate in the "doubt" of Denman "whether it would not have been happy for the world if no instrument of any kind had ever been contrived for, or recommended in, the practice of midwifery," or believe—and we quote again from Denman²—that "the doctrine of applying forceps before the bulk of the head has passed the superior aperture of the pelvis, carries great danger and insurmountable difficulties with it;" nor again, does the obstetrician now wait until he can "feel an ear," or until "the head has rested six hours upon the perineum," before resorting to an instrument that is at once for the good of both child and mother.

Anæsthesia in obstetrics must be counted one of the greatest glories of the century—nay, the brightest, broadest beam of perennial light that has ever fallen upon woman's pathway, darkened by the primeval curse. In 1846, the great discovery of anæsthesia by inhalation of ether vapor, with which the names of Wells and Morton are so inextricably inter-

¹ The topics of obstetric anatomy and physiology would be appropriate could their history be made really complete. Under the former head would be mentioned in detail Dr. Hodge's studies as to the female pelvis, already referred to; Dr. John Neill's, as to the shape of the thyroid foramen, and numerous similar investigations; and under the latter, studies such as Dr. Dalton's, of the *corpus luteum*; Dr. Geo. J. Englemann's recent, patient, thorough, and interesting researches as to the mucous membrane of the uterus; Dr. Isaac E. Taylor's demonstration of the non-shortening of the cervix in the latter months of pregnancy; and Dr. J. R. Beck's observations upon the entrance of the spermatozoa into the uterus.

² Dr. Thomas Edward Beatty's address before the Dublin Obstetrical Society, 1862.

³ Criticism of Leake.

woven, was made; in January, 1847, the illustrious Simpson, of Edinburgh, proved the value of ether in child-birth. The discovery found Walter Channing, the first professor of obstetrics¹ in Harvard, past his three-score years; but he entered heartily into the study of this question, and the next year he presented a volume upon Etherization in Child-bed, in which the records of nearly six hundred cases were given, and which greatly contributed to the frequent—I wish at this day one could say *general*—use of anæsthetics in labor. Other names deserving of recognition in this connection are those of Drs. F. Barker, of New York; H. R. Storer, of Boston; J. C. Reeve, of Dayton, Ohio; and H. Miller and L. P. Yandell, of Louisville, Kentucky.

The administration of chloral is another of the beneficent means of recent times for the relief of the sufferings of parturition, which has had many advocates in this country.

The opium treatment of peritonitis is one of the most important advances in therapeutics. It may be now true, as asserted by Dr. Spender,² that “the bare mention of that terrible disease, peritonitis, is suggestive of the siren lullabies of opium.” But this treatment was the suggestion and practice of Dr. Alonzo Clark, as early as 1841,³ though it was not until 1848 that he had an opportunity of demonstrating its value in the puerperal form of peritoneal inflammation. Opium alone, is the treatment of *phlegmasia dolens* advocated by Dr. Clark,⁴ of Oswego, and he claims that the remedy is as efficient as quinia in ague.

A marked advance has been made in the more liberal diet and rational hygiene of women after labor. That former horror of the lying-in room,

¹ This position Dr. Channing held for nearly forty years, and only a few weeks since passed away from earth, having lived to be upwards of ninety years of age.

² Therapeutic Means for the Relief of Pain. London, 1874.

³ The following recent note from Dr. Clark will be read with interest:—

DEAR DOCTOR: I continue to use opium in the treatment of simple peritonitis and puerperal peritonitis, and peritonitis after perforation, with the fullest confidence that it will cure a much larger proportion of cases than any other treatment yet proposed. It is accepted by all the physicians of this city and State, I think; at least I hear of no other, not only for peritonitis in its different forms, but in all operations, injuries, and wounds that are likely to be followed by this inflammation. I do not know how far it is approved abroad, but infer that it has received little attention in England, from the fact that Dr. Barker, of this city, made it the topic of an address at a meeting of English physicians a year or so ago.

Dr. Graves, it is said, used opium in large doses for the cure of peritonitis after perforation of the intestine. When he began that treatment I do not know; but I do not find any reference to it in his lectures published in 1843. Watson's Lectures, one of the later editions, refers to a Mr. Bate, who treated peritonitis with opium; but when he began, does not appear. Still the English physicians generally seem to know little of the power of opium in the different forms of peritonitis. In the *Am. Journ. of Med. Sci.*, July, 1876, p. 144, you may find a statement of the origin of this treatment in my own mind, in 1841; and before 1843 cases of intestinal perforation had been successfully treated on this plan.

Regarding the rules, I begin with two grains of opium, or its equivalent opiate, and in two hours give the same, or more, or less, according to the effects produced. Patients resist or yield to the narcotic effects of the drug very differently. In some cases, twenty-four grains of opium a day is all that is required; in a few, twelve or sixteen grains is sufficient. In most, two to four grains at a dose are needed; in a few, more than this. The aim is to get and maintain the symptoms of *safe narcotism*, or, as I sometimes call it, semi-narcotism, indicated by subsidence of the pain; contracted pupils; itching of nose and skin; a continuous sleep, from which, however, the patient is easily aroused; reduced frequency of respiration, followed by reduced frequency of pulse; and absolute quiet of the bowels.

Regarding the respiration, the aim is to reduce its frequency to twelve in the minute, and in the attempt to do this it is often found to fall as low as seven, without danger, if the opium is then withheld for a few hours, till it rises to ten, when a smaller dose is given, to be increased or not afterwards. Yours truly,

A. CLARK.

⁴ New York Medical Record, June, 1870.

the very existence of which is cast in doubt—milk fever—which was to be averted by a liberal use of the canonical caudles of Smellie's day, and the prophylactic panadas of more modern times, and by poisoned air, no longer governs practice; and the recent parturient is given cold water as she desires, inhales pure air, and is fed with wholesome food, that is, such as will best repair her exhausted powers and furnish suitable material for making good milk. How early any publications were made advocating this course, I cannot ascertain, but certainly it has been pursued for some years, and possibly it may not have been at the instance of any professional leader, but simply a general tendency of physicians themselves. The names of Drs. F. Barker, William Goodell, and William B. Atkinson, are among the more prominent of those who have advocated it.

During the present year a most able volume on Extra-uterine Pregnancy, by the late Dr. John S. Parry, has been published. In it the talented author, removed too early for the honors that surely awaited him, and for a career of great usefulness not half accomplished, has collected five hundred cases of this accident, and from a careful study of them has deduced most important practical rules. Such works are at once permanent contributions to medicine, and indices of its higher development and more scientific character.

Some of the most remarkable cases of operation for extra-uterine pregnancy are those by Dr. William Baynham,¹ of Virginia, who operated twice, 1791 and 1799, successfully by abdominal incision; one by Dr. John King, of South Carolina, 1813, who incised the vagina at full term, saving both mother and child, and one by Dr. T. G. Thomas, the pregnancy having advanced to three months, who also incised the vagina, but with the galvano-caustic knife. So, too, the case reported by Clarke, in 1806, where he passed his hand into the bowel, and with his finger in the child's mouth exerted such traction that he withdrew the head *per anum*, should not be forgotten among the extraordinary cases, especially as he thus showed the feasibility of the method of abdominal exploration recently proposed by Simon. Dr. Easley,² of Little Rock, Ark., has quite recently reported an interesting and successful case of abdominal section for the removal of a dead fœtus.

The Induction of Premature Labor was first resorted to in this country, in 1810, by Dr. Thomas C. James³—the cause, contracted pelvis, and the result fortunate to both mother and child. Since that time a much larger range has been given this operation. We have already stated Dr. Hodge's views as to its being indicated in cases where the head is large and completely ossified at full term. Dr. Thomas⁴ has enumerated ten other conditions indicating it, the most important being placenta prævia and aggravated uræmia. The teaching and experience of Dr. Thomas have contributed much towards the recognition of the propriety of inducing premature labor, in the interest of both the mother and the child, in cases where the placenta is prævia. A distinguished British obstetrician⁵ observes: "We have arrived at a very generally admitted conclusion as to

¹ Dr. William Baynham was long considered the most eminent surgeon in the Southern States, and was particularly distinguished for his accurate knowledge of anatomy.—Thacher's Medical Biography.

² American Practitioner, September, 1876.

³ Memoir of Dr. Thomas C. James. By Professor Hugh L. Hodge, Philadelphia, 1853.

⁴ New York Medical Journal, February, 1870.

⁵ Dr. Playfair. British Medical Journal, May 4th, 1872.

the danger of temporizing, and as to the advisability of artificially inducing labor as soon as the existence of placenta prævia has been fully determined." It is true Dr. Thomas's publication was in some measure anticipated some six years by a paper from Dr. Greenhalgh,¹ advocating this practice; but he himself was partially anticipated by Dr. A. S. Donkin,² who proposed to expedite labor and check the flooding in placenta prævia by inserting into the os uteri a sponge-tent prepared for the purpose. Dr. S. C. Busey,³ of Washington, has presented an able argument for the induction of labor in uræmia.

Placenta Prævia has been the subject of special study by Dr. J. D. Trask,⁴ and by Dr. Wm. Read.⁵ Dr. Read was regarded by the highest⁶ critical authority in Great Britain as having rendered valuable service to his profession, and considerably enlarged and strengthened the foundations of obstetric science; and it is declared that the impartial and philosophic manner in which he has used statistics for the purpose of deciding grave practical problems is worthy of all praise and imitation.

Dr. Trask, whose prize essay on placenta prævia has been alluded to, has also laid the profession under obligations by quite a thorough study of rupture⁷ of the uterus; four hundred and seventeen cases of this accident are tabulated, and important lessons deduced. This monograph ranks by the side of the one by Crosse on uterine inversion.

Dr. John Stearns,⁸ of New York, in a letter to Dr. Akerly, published in the Medical Repository, 1807, announced that ergot⁹ was capable of exerting a specific action upon the uterus; that it greatly augmented the power of that organ during the efforts of parturition; and that, in lingering and protracted cases, it speedily induced forcible pains, and greatly expedited delivery. And in June, 1813, Dr. Oliver Prescott, in a communication made to the Massachusetts Medical Society, pointed out the value of this agent in *post-partum* hemorrhage. Thus the two most important obstetric uses of ergot were first made known by American physicians. An able paper, by Dr. William Goodell, on Concealed Accidental Hemorrhage,¹⁰ was published in 1869. This paper contained an analysis of one hundred and six cases, and presented the symptomatology more clearly and definitely than had been done before. Diphtheria of Puerperal Wounds has been made the subject of important contributions by Drs. Lusk and Parry.

We now make some brief references to operative obstetrics, including both manual and instrumental.

One of the most valuable contributions to obstetric art ever made was

¹ Transactions of the London Obstetrical Society, vol. vi.

² Edinburgh Medical Journal, 1859.

³ American Journal of Obstetrics.

⁴ Prize Essay. Transactions American Medical Association, vol. viii.

⁵ Library of Practical Medicine. Published by order of the Massachusetts Medical Society. Vol. xxii. Philadelphia, 1861.

⁶ British and Foreign Medico-Chirurgical Review, 1862.

⁷ American Journal of the Medical Sciences, 1848 and 1856.

⁸ The American Dispensary. By Dr. James Thacher. Boston, 1817.

⁹ *Pulvis ad partum* was the name soon appropriated to the powdered ergot. Hosack, however, shortly substituted for it, *Pulvis ad mortem*. This is suggestive of Guy Patin's remark in regard to an antimonial preparation which was in great favor in his day, known as the *Vinum vitæ*. In one of those letters, first published at Geneva, 1683, of which Voltaire has observed, "they were read with eagerness, because they contained anecdotes of such things as every body loves, and satires, which are liked still more," Patin writes that the *Vinum vitæ* should be called *Vinum mortis*.

¹⁰ American Journal of Obstetrics, August 1869.

that of Dr. M. B. Wright,¹ of Cincinnati, in the year 1854. To him is justly due the credit of originality in the method of such bimanual operation as will in shoulder-presentation succeed in converting it into a presentation of the head. Even if the method of Wright were precisely the same as that of Hicks,² still it was published six years before. But the essential of each is in the use of both hands—the external hand, not as by former operators merely to steady the uterus, but to assist the action of the other. True, Dr. Wright applied the method only to what is called cephalic version; Dr. Hicks gave greater prominence to the accomplishment of podalic version.

Next among important manual operations must be placed the postural treatment of prolapsed cord and of shoulder presentations, known in its first application as the method of Thomas, in its second as that of Maxon. In foot-notes I have given extracts from the original work of Deventer, conclusively showing that this treatment was advised by him, though it was pressed with no urgency, and seems to have been theoretical rather than supported by clinical facts. Dr. Bard, in considering podalic version in presentations of the breast, belly, and back, says expressly: "And in all cases of particular difficulty, we may facilitate the operation by a judicious choice of the posture of the woman; or by changing it from the side to the back, or from the back to the knees and elbows. Deventer particularly recommends this position." No one in the face of these testimonies can doubt the priority of the Hollander in the suggestion of postural treatment in these labor-complications. So, too, in Dr. Wright's essay, already referred to, the suggestion of the knee-elbow position is made. Nevertheless, to Dr. Thomas, of New York, and to Dr. Maxon, of Syracuse, is due the credit of having demonstrated by abundant clinical facts the great value of this method in prolapse³ of the cord, and in transverse presentation, and of establishing it in professional confidence.

A passing notice is due Dr. Goodell's "Management of Head-Last Labors,"⁴ in which constant supra-pubic pressure conjoined with continuous traction may so expedite delivery as to greatly diminish fetal mortality; and Dr. Parry's⁵ method of correcting with the hand faulty presentations and positions.

In obstetric surgery no country can claim more brilliant operations than those of the late Dr. William Gibson, Cæsarean section twice successfully performed upon the same subject, the children also saved, and the gastro-elytrotomies of Thomas and Skene.

Of course it is impossible to refer to even a tithe of all the valuable American contributions to obstetrics and puerperal diseases in the limits of this Address—a simple bibliography would consume more than the time allotted it; and a dictionary of dates, with a catalogue of cases, would illy meet the requirements of the occasion. Nevertheless, three contributions in this department demand special notice.

In the year 1843, Dr. Oliver W. Holmes published, in the New England

¹ Prize Essay. Ohio State Medical Society. "Difficult Labors and their Treatment."

² Dr. Hicks published his method in the *Lancet* in 1860, giving five cases of placenta prævia in which he had resorted to bimanual version, and in 1863 (*London Obstetrical Society's Transactions*, vol. v.), presented a fuller account of it.

³ Prolapse of the cord has been made the subject of an elaborate monograph by Dr. George J. Englemann, *American Journal of Obstetrics*, 1873-4.

⁴ *Philadelphia Medical Times*, March 20, 1875.

⁵ *American Journal of Obstetrics*, vol. viii. p. 138.

Quarterly Journal of Medicine and Surgery, a paper afterwards issued in book form, in reference to the contagiousness of puerperal fever. Empedocles combined in one, poet, priest, politician, and physician; and history records that he rescued a city from desolation by blocking up a mountain gorge through which pestilential winds were sweeping. In like manner an American, whom the world so knows as poet, essayist, and philosopher, that, arrayed in these glories, crowned with these honors, we almost forget that he is a physician and medical teacher, once by his bold, decisive utterances, his startling array of facts, his invincible logic, greatly contributed to destroy a pernicious doctrine taught by some of our leading obstetric authors—a doctrine which was more certainly laden with death than the foul wind that was destroying the citizens of Agrigentum.

In 1868, the *Obstetric Clinic, a Practical Contribution to the Study of Obstetrics and the Diseases of Women*, by Dr. George T. Elliot, was published. Its author, whose talents and culture were admirable, and who, alas, was taken away in the prime of life and power, utters these noble and just words explaining his motives in writing this book, words which ought to be well pondered by all who have similar opportunities. "The work is presented as a partial discharge of the debt due to the profession by all who enjoy hospital advantages; and in grateful recognition of the benefits which the author has derived from the experience of others." Elliot's *Obstetric Clinic* has taken its place among the classics of our profession, and cannot fail to be of value to any one who consults its pages.

In 1874, the first edition of Dr. F. Barker's *Lectures on the Puerperal Diseases* was issued, and the second edition the present year. This, too, is a clinical work, and eminently practical. It filled a gap in medical literature, met an urgent need of the practitioner, and was received with great favor, both at home and abroad.

In considering the second division of the subject, an order similar to that observed in the first will be pursued, and accordingly American treatises on Diseases of Women will first be referred to. These works have had the following authors: Dewees, Meigs, Hodge, Byford, Chapman, and Thomas. The first edition of Dewees's work was issued in 1826, the ninth and last in 1847; this contains the revisions and additions made by the author a short time before his death, and may be regarded, therefore, as embracing Dr. Dewees's best utterances upon the subjects discussed in it. To say that the book is badly written, would be a mild way of stating that there are therein frequent instances of violations of the simplest rules of grammar and the plainest laws of rhetoric. But what of the matter? More than one-third of the five hundred and odd pages are occupied with the disorders of pregnancy, puerperal fever, phlegmasia dolens, milk abscess, and hysteria; diseases of the ovaries are discussed in a little more than a page, and the moderately well-behaved irritable uterus of Gooch, becomes a monster of inflammation for the conquering of which general depletion is sometimes, and local depletion is always, necessary. On pages 256 and 257, there is given the history of one of the most strangely managed cases, as seen by the light of to-day, that ever was recorded. In brief, nature tried to extrude from the vagina a uterine fibrous polypus as large as a child's head, and the doctor with might and main resisted, but vainly, the extrusion; and then, instead of dividing the short, thick pedicle, he tried to push the tumor back because the womb was inverted; but the

tenderness of the parts prevented, the tumor became black and offensive, and the next day the patient died.

However, Dr. Dewees did advance the knowledge of the profession in regard to the symptoms of uterine displacements, and the means for relieving them; he taught when and how to use tincture of cantharides in amenorrhœa, and his name will not be forgotten as long as dysmenorrhœa ever suggests the ammoniated tincture of guaiacum. But Dr. Dewees's great fame is that of an obstetrician, not a gynæcologist.

Woman, Her Diseases and Remedies—the work of Dr. Charles D. Meigs—was issued in 1847, and the fourth edition in 1859. The volume is in the form of letters, and, of course, less dignity of style and greater freedom of expression are permitted than in a purely didactic treatise. Here are not only sketches of disease, but also lessons of high morality, of professional honor, and of tender sympathy; there are odd words and odd forms of expression; sometimes ludicrous dialogues, in which refinement and dignity are thrust in the background by realism; a fluent stream, apparently wandering at its own sweet will—now rippling with music and sparkling with sunshine, here narrow and strong, there diffuse and almost wearisome in its slow progress—but still always advancing, and strengthening in the advance; or a picture-gallery (and the æsthetic element in his nature was so strong that, possibly, Dr. Meigs might have been a great poet, or a great painter, had he not been a great physician), in which various representations, persons and scenes are collected, some altogether mean, and given with painful minuteness of sketch and color, others noble in conception and expression, but each filling a destined place, all real, vivid, and combining in a common design and purpose—such are these Letters that never lose their charm. Dr. Condie, who had no patience with anything but the plainest English, severely criticized in the American Journal of the Medical Sciences the style of these letters. But the style was the man; the letters are not less his teachings than they are Dr. Meigs himself.

Undoubtedly the instructions of Meigs were very much in advance of those of Dewees. Was he not, too, the first American at least to describe vaginismus under his horrible designation of sphincterismus? He hated abdominal surgery, and so rejected ovariectomy; cervical surgery, too, and so in stenosis adhered to Mackintosh rather than to Simpson; he clung with devout faith to Gooch's canula in the removal of uterine polypi, and regarded complete perineal ruptures as incurable.

Clinical Lectures on the Diseases of Women and Children, by Dr. Gunning S. Bedford, were published in 1855, the seventh edition in 1862. To this work was paid the high compliment of translation into French and German. With much that is valuable even to-day, and impressively given, there are some things that would be utterly rejected as rules of practice. For example, who would now think of salivating a patient because she had ovarian dropsy, or expect such dropsy to disappear under the magnetic influence of "patting the tumour with the ends of the fingers several times during the day, together with pressure, and the internal administration of muriate of lime." The author's utterances, too, as far as manner is concerned, are at times either simply grandiloquent, or degenerate into tedious and undignified dialogues, or trite common-places.

A far better book than any of those yet referred to is the Practice of Medicine and Surgery applied to the Diseases and Accidents incident to Women, by Dr. William H. Byford, published in 1865. Its great merit

is its evidence of faithful observation and reflection; it was the work of a painstaking, conscientious man with large experience, and it has contributed much to the promotion of a knowledge of diseases of women among the American profession. Dr. Byford (p. 348) has proposed and practised an original method of treating uterine fibroids, which is probably deserving of more professional attention than it has received, and he also first made use of tents of slippery elm. Dr. Byford speaks of the "philosophy" of uterine displacements, and in the misuse of this term¹ has been imitated by some others: would it not be quite as correct to speak of the philosophy of boot-blackening or of coat-cutting?

Diseases Peculiar to Women, by Dr. Hugh L. Hodge, the first edition in 1860, the second edition revised and enlarged in 1868, and Hysterology, by Dr. E. N. Chapman, New York, 1872, are two works diametrically opposed to each other, or at least presenting entirely different theories of uterine disease. Dr. Chapman's pathology is congestion, and his local therapeutics are chiefly scarification and nitrate of silver; where pessaries are required, preference is given for those that are globular, and appropriate constitutional treatment is directed. His work is largely clinical, though unfortunately most of his reports of cases are too brief to be of great utility. Dr. Hodge, on the other hand, taught that the condition of uterus characterized by tenderness, congestion, increase of secretion and of size, was not inflammation, and should not be so treated. Here was the irritable uterus rescued from the inflammation of Dewees which was devouring it, and restored to the position which Gooch and Addison meant to assign it; nay, given an importance and extent in uterine pathology which they could hardly have anticipated. According to Dr. Hodge, "displacements of the uterus are the most frequent cause, original or secondary, of irritable uterus;" and "the mechanical treatment of uterine displacements by intra-vaginal supports is essential, a *sine qua non* for their perfect relief."

Whether accepting in full, or only in part, the views of Dr. Hodge upon uterine pathology, no one can deny the great service that he rendered uterine therapeutics in the device of his lever pessary, an instrument in such common use in all lands where diseases of women are studied. His pessary was no happy accident, but the result of much thought and of many experiments; as he himself once expressed it, he had hundreds of abortions before producing it. "Great poetry, great philosophy, great scientific discovery, every intellectual production which has genius, work, and permanence in it, is the fruit of long thought, and patient and painful elaboration."² Not only with the form of the pessary, but with the material, is Dr. Hodge to be credited. No man ever accomplished as much with these instruments, or explained their modes of application and their utilities more clearly and completely. He showed their value not only in relieving the ordinary results of uterine displacement, but also in curing sterility, and in the prevention of abortions when these, too, were consequences of such mal-positions. So, too, he demonstrated their value as repositors, gradually replacing the uterus when in mal-position. He

¹ Sir William Hamilton, Discussions on Philosophy and Literature, remarks upon the vague universality which is given to the terms *philosophy* and *philosophical* in common English—an "indefinitude" limited especially to Great Britain: "Mathematics and physics may here be called philosophical sciences; whereas, on the Continent, they are excluded from philosophy, philosophy being there applied emphatically to those sciences which are immediately or mediately mental."

² Froude's Address to the Students of St. Andrews, March 19, 1869.

showed how useful they were, too, in relieving some of the urgent symptoms of uterine fibroids.

But the American work on diseases of women most widely known is the Practical Treatise of Dr. T. G. Thomas, published in 1868, and passing to its fourth edition in 1874. As a clear, concise, and practical exposition of gynæcology, it has no superior. At home, its merits have been so fully appreciated by the profession that nearly twenty-five thousand copies are now in their hands, helping them in their daily work—a success which, when we compare it with that of even popular literary productions, is simply astonishing. Abroad, its great merits have been fully acknowledged by the leading journals of the profession, and it has been translated into French, German, Spanish, and Italian. Some of Dr. Thomas's views as to uterine diseases, and some of his special contributions to gynæcology, will be referred to in the next topics presented.

Laying aside the briefer monographs, whether appearing in the form of reports in the Transactions of Medical Societies, lectures, addresses, etc., the *libelli* of our literature, and contributions to our medical journals—all these numbering not merely hundreds but thousands, and of course an analysis of which, even if it might be instructive, would be impossible—four works relating to diseases of women, demand especial attention. These are Clinical Notes on Uterine Surgery, by Dr. Sims (New York, 1869); Vesico-Vaginal Fistula, by Dr. Emmet (New York, 1868); General and Differential Diagnosis of Ovarian Tumors, by Dr. Washington L. Atlee (Philadelphia, 1873); and Ovarian Tumors, their Pathology, Diagnosis and Treatment, especially by Ovariectomy, by Dr. E. Randolph Peaslee (New York, 1872).

The Uterine Surgery was published not only in New York, but also in London, and a French translation appeared in Paris. It met, as it deserved, with much favor at the hands of the profession, although some parts of it did not escape severe criticism. One of the leading British journals³ spoke in these terms of the book: "It is a collection of bedside studies of the uterine diseases of which it treats, notable for their accuracy, and continually challenging our admiration for the sagacity and originality of their author, the fertility of resource, the unfailing patience, the successful adaptation to new purposes of simple means, the exact perception and clear statement of the vital points of every case." "For the first time in the history of medicine, the sterile condition is here subjected to a full and philosophical analysis, complete as far as the advanced knowledge of our time permits."

Dr. Emmet's work on Vesico-Vaginal Fistula was essentially clinical in character, the history and treatment of the seventy-five cases given, representing the author's own invaluable experience. "The results of the numerous cases related are in the highest degree honorable to Dr. Emmet's skill as an operator, and also to American surgery."⁴

Of the two admirable volumes upon Ovarian Tumors referred to, one embodies the thirty years' experience of a surgeon who ranks as one of the world's most celebrated ovariectomists, and is a treatise upon the general and differential diagnosis of these tumors. The other is more ambitious in design, and wider in scope. More largely a work of com-

¹ Mark Twain's *Innocents Abroad*, for example, has reached a sale of two hundred thousand.

² *London Medical Times and Gazette*, 1866. *British and Foreign Medico-Chirurgical Review*, January, 1867.

³ *Lancet*, February 3, 1866.

⁴ *Lancet*, February 20, 1869.

pilation and of analysis, than a record of personal experience, it exhibits the indefatigable research, the patient investigation, and the accurate judgment of its scholarly and erudite author. Without being encumbered, or possibly for some enriched, with so many details, it has much of the encyclopedic character of Gallez's volume,¹ and not only is a most useful guide in the diagnosis and treatment of ovarian tumors, but is valuable for reference.

Special contributions to gynæcology, other than those just referred to, can be better considered under the heads of particular disorders. But before entering upon this division of our subject, two or three preliminary observations may be permitted.

The first is, that while in this country specialism in other departments of medicine has made rapid progress, in gynæcology few, and until quite recently only two, specialties are found. And this arises from the fact that the diseases of women must, in the nature of things, be chiefly under the charge of the general practitioner. What is the numerical relation between those diseases that are constitutional in their origin and amenable to general treatment, and those that are local and require local treatment, is a question that would have different answers, according as addressed to the general or the special practitioners. That there were extreme surgical tendencies of uterine pathologists, was the complaint a few years since of one² of the most eminent of British gynæcologists; and that this is true to-day, in this country, will be very generally admitted. There is something so fascinating in surgery, so demonstrative and demonstrable—that which the eye can see and the fingers touch—as to inspire the operator with ambition and the patient with hope.

Undoubtedly the danger of specialism is an undue exaltation of local disease and of local therapeutics. The general practitioner, on the other hand, is liable to depreciate the former, and then of course the latter. He does not extend himself, as Mill said of Jeremy Bentham, infinitely in one direction, but must be many-sided, undergoing a more general and complete development. Thus, other things being equal, he will be better able to detect the relations between local and general disorder, what in a given case is the antecedent and what the consequent, what may be cause or effect, unless indeed the specialist, as I believe is true of all who are devoted to gynæcology in this country, has chosen his department after large experience in general practice. The pine in our Southern forests grows stately and tall, lifting its tufted head far up to the clouds, but it is almost bare of boughs, and barren of foliage and fruit. "The unwedgeable and gnarled oak" is knit together with a stronger fibre. More firmly rooted, it spreads broadly on every side great branches, with dense foliage, ample shade, and abounding fruit.

The American development of gynæcology has been largely due to the labors of men engaged in general practice. Considering now that development, brief reference will be made first to the treatment of some of the positional disorders of the uterus.

The pessary of Hodge has already been spoken of; an instrument which, both as to form and material, has received the general and grateful acceptance of the profession everywhere. Modifications or additions, more or less valuable, of the lever pessary have been made by Drs. Albert

¹ *Histoire des Kystes de l'Ovaire*, etc. Brussels, 1872.

² Dr. E. J. Tilt. *Transactions of the London Obstetrical Society*.

H. Smith, Cutter, Thomas, and others. Nor must we omit, in this connection, a passing reference to the very interesting observations of Dr. H. F. Campbell, of Georgia, upon pneumatic pressure in the treatment of uterine displacement.

Turning to the greatest of all the positional disorders of the uterus—*inversion*—we will find that American operators may challenge comparison with those of any country in regard to ingenuity, skill, and success in its cure.

Inversion of the uterus,¹ an accident first noticed by Celsus,² was, until quite recently, an opprobrium of the profession, since replacement of the organ, unless efforts were made almost immediately after the accident, was regarded as impossible. The few instances where a chronic inversion was reduced, were regarded as happy accidents rather than as indicating a rule of practice. On April 13, 1858, Dr. Tyler Smith observed, in reporting to the Medico-Chirurgical Society³ a case of uterine inversion of nearly twelve years, which he had reduced: "Hitherto inversion of the uterus has been treated either with styptics and astringents, or the inverted organ has been removed by ligature or excision. The instances in which reinversion has been accomplished have been few in number, and chiefly limited to cases of recent origin." On the 12th of March of the same year, Dr. J. P. White,⁴ of Buffalo, reduced an inversion of nearly six months' duration. The one used elastic pressure and taxis; the other taxis and pressure⁵ with a bougie. These successful cases were the heralds and guides of numerous similar successes at home⁶ and abroad.

In this country the most important new methods of accomplishing reduction were that of Noeggerath, indenting one or other or both of the cornua, and thus starting the movement of restoration; that of Emmet, using silver sutures to hold in place a partial reduction; and those of Thomas, consisting, the one of *mediate* dilatation with a boxwood cone pressed down from the abdomen into the constriction, the other of abdominal section, and then *immediate* dilatation; and the repositor of Dr. White. Abdominal section, with immediate dilatation, has been twice performed—once with complete success, and once with a fatal result—but fails of professional endorsement. The repositor of Dr. White is an admirable instrument, as any one who has ever used it faithfully will testify: no one comparing it with the "drum-stick" repositor of Depaul

¹ Dr. Isaac E. Taylor has proposed and ably sustained the view that spontaneous inversion of the uterus sometimes commences at the os; a view which is strengthened by the cases of spontaneous reduction, the most extraordinary of which has recently been reported (American Practitioner) by Dr. Chesnut, of Lafayette, Ind. In Dr. Chesnut's case the restoration was twelve years after the accident.

² I am indebted to Dr. J. S. Billings for the following reference: Celsus, A. Cor., Medicinæ Libri Octo; Ed. by A. Lee, London, 1831. Lib. I. Præfatio, p. 15. "Cum ætate nostra quedam, ex naturalibus partibus carne prolapsa et arente, intra paucas horas exspiraverit; sic ut nobilissimi medici neque genus mali, neque remedium invenerint. Quos ego nihil tentasse judico, quia nemo in splendida persona periclitari conjectura sua voluerit; ne occidisse, nisi servasset, videretur," etc. I find that several have commented on this passage, and especially Morgagni, who decides it to be a case of inversion of the uterus. Respectfully and truly yours,
J. S. BILLINGS.

³ Medico-Chirurgical Transactions, vol. xli.

⁴ American Journal of the Medical Sciences, July, 1858.

⁵ Dr. Thomas is in error when he states (Diseases of Women) that taxis alone was used by Dr. White, as can be seen by reference to the original account of the operation.

⁶ Dr. White has been successful in twelve cases, and in one of the twelve the inversion had existed for twenty-two years.

would hesitate to give a decided preference to the former. Its value will become more and more appreciated as its use becomes more general.

Two of the most useful therapeutic agents in uterine disease, the one suggested by Dr. Sims, the other by Dr. Emmet, are among the simplest, viz.: glycerine¹ and hot water.² Dr. Emmet began the use of hot water injections in 1859, and observes, "I have been so thoroughly identified with this mode of practice, that it seems scarcely necessary to claim the priority. Certainly, no one in this country is on record as an advocate for the practice previous to myself; and so far as I have been able to ascertain, the same is true in regard to the practice of gynecologists abroad." Confirmatory of Dr. Emmet's views as to the action of hot water injections in producing contraction of bloodvessels, and therefore useful not only in uterine, but also in pelvic, congestion, and in threatened cellulitis, was the practice of Trousseau³ in menorrhagia—frequently directing two or three very hot injections daily. If Dr. Emmet had done nothing beside this, his name would deserve to be one of the most honored of the century in medicine.

Since the invention of the hysterotome by the illustrious Sir James Y. Simpson, and of its many modifications or substitutes by others, the cervix uteri, relieved from the potash-persecutions which, carried on by the ultra followers of Dr. Henry Bennet, a few years ago, threatened its integrity, has been made the subject of numerous cutting operations for the relief of dysmenorrhœa, or of sterility. Those who have contributed most to the practical study of these operations are Drs. Sims, Emmet, Pallen, Peaslee, and Worster, of New York, and Reamy of Cincinnati. There is something wonderfully fascinating both for surgeon and patient, when the former can carry salvation from dysmenorrhœa, and also a baby, upon the sharp edge of a bistoury, or between the blades of scissors! Unfortunately a conflict exists, both in theories and in experiences, as to the utility, the modes of, and the cases for, operation. It is to be hoped that since the recent publication of Dr. Peaslee, so conservative in its character, there will be elicited such discussion as will fully present the truth in this matter, and firmly establish practical rules for general professional guidance.

In amputation of the cervix uteri the flap method of Dr. Sims, and the use of the galvano-cautery of Dr. Byrne, are worthy of remembrance. Fluid applications to the lining membrane of the uterus are regarded by the profession everywhere as of great utility; and the safest and most common way of making such applications is simply one in close imitation of that originally devised and practised by the late Dr. Henry Miller,⁴ of Louisville, Ky., more than a score of years ago.

Uterine fibroids in their frequency, in their exacting symptoms, in their sometimes apparently capricious history, and in the utter uncertainty of therapeutic means pursued for their relief, have long presented to the gynecologist a field at once inviting and repellant. Electrolysis, studied in this relation by Nestel, Sims, Cutter, Kimball, and some others, cannot yet be said to have been admitted to professional confidence. Dr. Byford has ably collected most of the experience of the profession of this

¹ Sims's Uterine Surgery, pp. 21, 72.

² New York Medical Journal, June, 1874.

³ Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques, vol. xxii. p. 452.

⁴ Others whose names might be mentioned in connection with the study of means for making such applications are Emmet, Lente, Nott, and Reamy.

country in the hypodermic use of ergot of Hildebrandt. But this treatment frequently fails, and the knife is occasionally required.

Those whose names in this country are especially identified with operations for the removal of these tumors, are Dr. Atlee,¹ Dr. Sims, and Dr. Emmet. The most valuable original observation belonging to the last is the pedunculization of a fibroid which can be effected by traction. The important operations performed by the others, and the ingenious instruments devised for this by Dr. Sims, almost as prolific of instruments as Hudibras² of tropes, we pass by with this brief reference.

Removal of the uterus by abdominal section has been performed several times in this country, but most of these operations have not been successful. Probably the first case in this country, certainly one of the first, was that of Dr. Thomas G. Prioleau,³ of Charleston, S. C., in the year 1819. The tumor, prior to the operation regarded as malignant, was very large, its removal with the uterus attended with much hemorrhage, and the patient died in twenty-four hours. On the 16th of April, 1850, Dr. Paul F. Eve removed the uterus for malignant disease, and the patient lived for between three and four months. The operation has, however, been done on account of fibroid disease, with permanent recovery, by the Atlees, Burnham, Kimball, H. R. Storer, Thomas Wood,⁴ and some others.

Removal of the prolapsed uterus—the vaginal operation—has several times been successfully performed. One of the most interesting of these cases is that of Dr. S. Choppin, of New Orleans. The doctor, in 1861, removed not only the uterus, but with it the left ovary and Fallopian tube, which were also prolapsed, and the patient rapidly recovered.

Many other topics in this division are suggested, but only two can be considered as the greatest glories of American gynecology, the operation for genito-urinary fistula, and that for the removal of ovarian tumors. Holding up these to the world, she may, with just pride, exclaim: These are my offerings to Humanity and to Medicine! Yea, these are my offerings!

But is not the operation for genito-urinary fistula a triumph of American surgery? Up to less than a quarter of a century ago, how deplorable the condition of the unfortunate woman suffering from such a lesion! She had entered upon all the remaining sad and weary years of her life, through a portal over which surgeon and obstetrician alike had, time and again, witten: Let her who enters here dismiss hope. If here and there, now and then, a case was cured, the result was the exception, failure the rule. If Jobert, for example, cured some, his operation always failed in the hands of others. Now, how changed! An operation, known abroad as the American method, rescues these unfortunates from their infirmity, and restores them to society. Failure is now as rare as success was formerly.

Of course surgeons had come to apprehend the principles, before they had attained the method of cure.

¹ Transactions of the American Medical Association, 1853.

² "For rhetoric, he could not open

His mouth, but out there flew a trope."

³ Dr. Prioleau graduated in Philadelphia in 1808. Drs. Samuel Jackson and W. P. C. Barton were classmates. At the organization of the Medical College of the State of South Carolina, in 1824, he became Professor of Obstetrics, and filled the chair for many years. I am indebted to Prof. J. Ford Prioleau, the present occupant of the chair, for the statements given.

⁴ Dr. Wood's cases are seven, with three recoveries.

For the closure of these fistulous openings two things were necessary. First, their margins must be thoroughly and uniformly freshened. Second, this vivification accomplished, the freshened surfaces must be brought and retained in accurate apposition until union took place. But how should these edges be pared so completely and accurately? The first step for the accomplishment of this end was their thorough exposure. This step was taken in the position and speculum of Marion Sims. Here we have the very foundation of the operation. This fixed, knives of various angles, forms, and sizes, or curiously curved scissors, became mere minor matters, resting with the individual operator, or determined by the exigencies of each individual case.

But how are the prepared fistulous margins to be brought and kept in contact until nature binds them fast? Here again we hear, in 1852, the voice of Marion Sims crying, and crying aloud and on, until the whole world has heard Silver Sutures. Am I told that a British surgeon, in 1834, using silver gilt sutures, cured a case of vesico-vaginal fistula? He did not follow up this one success, and confirm it by others. He established no rules of practice, he instituted no method, and his report was unnoticed, it was as the voice of one crying in the wilderness. That one success, too, was it any more than an American, Mettauer, of Virginia, had gained in 1830, with lead sutures? Was it as much as Hayward, of Boston, accomplished with silk sutures? But are the brilliant results which Simon obtains, adduced to disparage the American method? Simon's operation has become the property and the practice of the profession scarcely more than Jobert's. We gratefully record the statement of one of the most eminent of French gynecologists, Courty,¹ that the American school has no higher claims to future celebrity than the operation for vesico-vaginal fistula.

It is needless to mention the various modifications made by Dr. Sims in his original operation, or the valuable improvements introduced by Dr. Emmet, or the peculiarities of the method of Dr. Bozeman, who has labored with such signal zeal and ability, both at home and abroad, in this department of surgery, or the additions made by Dr. Mastin, of Alabama; or by Dr. Schuppert, of New Orleans; or by Dr. Battey, of Georgia; for the American method remains essentially that of Dr. Sims. Nor is it necessary to speak of Dr. Sims's early trials, patient perseverance, and triumphant success in working out the great problem to which, more than thirty years ago, he devoted himself with all that he had. The world knows them, and he has received honors such as have been accorded to few representatives of American Medicine.

A beautiful fable of the old Greeks made Apollo, the god of healing, give to the laurel tree its evergreen leaves, and consecrate them as crowns for the brows of victors. And surely who so worthy of the present of these crowns as a son of Apollo, who, after years of bitter struggles, has gained a victory which has brought blessings to thousands, and will bring them to tens of thousands more?

Is not ovariectomy one of the rightful glories of American gynecology? What are the facts? In the year 1809 a village doctor of Kentucky successfully removed an ovarian tumor, and from that time until his death in 1830, operated in all thirteen times with eight recoveries²—a success, by

¹ *Traité Pratique des Maladies de l'Uterus.*

² For the collection of Dr. McDowell's cases, the profession is indebted to Prof. S. D. Gross.

the way, which, compared with the first thirteen cases of Baker Brown, or Spencer Wells, is most extraordinary. Spencer Wells, whose operations began in 1857, lost four out of the first thirteen, and Baker Brown lost eight out of his first thirteen.

Is the priority of Ephraim McDowell as the first surgeon to remove the diseased ovary invalidated by the case of Houston, of Glasgow, in 1701? All other claims to priority have been swept away as blunders or shams, and this, too, would need no notice, had not Dr. Washington L. Atlee republished it as a proof that ovariectomy "originated with English surgery," and had not Spencer Wells asserted that it "undoubtedly strengthens the claims of British surgery to the honor of originally practising ovariectomy."¹ It is strange that this case, rejected by Boinet and Clay,² should be now adduced. The operator simply incised a cyst and evacuated its contents. He no more performed ovariectomy than he who lances a suppurating parotid has extirpated the gland. The claim of British surgery to the honor of originating ovariectomy is weak beyond expression if it rests upon this case.

Again we are told, "But the operation was suggested by William Hunter; its practicability and the mode of performing it were taught by John Bell." William Hunter said: "I am of opinion that excision can hardly be attempted." He adds, however: "If we could beforehand know that the circumstances would admit of such treatment, the incision should admit of only two or three fingers, and the cyst be tapped and drawn out, that the surgeon may cut the pedicle without introducing his hand." But Tozzetti,³ in 1752, Vanderhaar and Delaporte, in 1752, and Morgagni, in 1761, gave more encouragement to ovariectomy than did William Hunter; some of them as much, indeed, as John Hunter did, in 1786. The suggestions of Hunter and the instructions of Bell doubtless had an important influence upon McDowell's mind, but this detracts nothing from the glory of his achievement. The fame of Columbus is not dimmed by the fact that others before him, others in his time, believed with him that by sailing westward a sea-way to the Indies would be found. No matter what surgeons may have believed and suggested as to removal of diseased ovaries, no matter though John Bell taught the mode of operating, their faith without works was utterly dead, and the new Columbus started upon his exploration without pilot or chart.

But then, declares Nélaton, McDowell's first patients were negroes, and Gallez follows him, adding that his effort was to save the lives of slaves, who at that time commanded a high price, so that surgery owes this brilliant conquest to the cupidity of planters. How strange that historical facts of the present century can be so misrepresented. The truth is, that Dr. McDowell's first patient⁴ was not a colored woman, but one of his own race and social position.

¹ Diseases of the Ovaries.

² Comme le fait judicieusement remarquer Boinet, après J. Clay, il y a eu simple incision du kyste, qui n'a été lié, ni excisé: on ne peut donc voir là une opération d'ovariotomie proprement dite. Gallez, op. cit.

³ Gallez, op. cit. p. 404.

⁴ This was Mrs. Crawford, who, after the operation, resided for a time at Madison, Ind. From the late Dr. Speer, of Hanover, Ind., who, when a young man, was for a time a member of her family, I received some years since a statement as to the efforts made by Dr. Ephraim McDowell's nephew to wrest the honors of the operation from the uncle. A lawyer from Lexington, Ky., visited Mrs. C., urging her to sign a paper stating that the nephew was the operator. Her reply was that she was blindfolded, and could not positively assert that Dr. Ephraim McDowell was the operator, but that she never would have consented to the young man's operating.

Surely British surgery has glory enough in the splendid successes of Spencer Wells and Keith, and the French in those of Péan, without either abating one jot or tittle of the fame of Ephraim McDowell.

Only sixty-five years since the performance of his first ovariectomy, only fifty-eight since its publication, and then many years before general professional recognition of the operation as legitimate, and probably it is not extravagant to assert that more than two thousand women have been by it rescued from impending death! Dr. Peaslee, writing in 1872, concluded, from a careful calculation, that ovariectomy had, in the United States and Great Britain, within the last thirty years, added more than thirty thousand years to the active life of woman. We may, indeed, assert most unequivocally that the name of the father of ovariectomy is worthy of being recorded with those of the best benefactors of the race.

Dr. McDowell's third ovariectomy was in 1816. In that year, or in the one preceding, Dr. Thomas G. Prioleau, whose extirpation of the uterus has already been referred to, assisted by his nephew, Dr. Philip Prioleau, and Dr. Frost, attempted ovariectomy, but was compelled by extensive adhesions to abandon the attempt; he therefore simply evacuated the cyst, and excised a portion of it. The patient died. Dr. Nathan Smith, of Connecticut, Dr. Alban G. Smith, of Kentucky, Dr. David L. Rogers, of New York, and Dr. Billinger, of South Carolina, are among the early American ovariectomists. To give a list of those who have operated since, including as it would numbers of the profession in almost every State in the Union, and in some more than a score of them, is impossible. Those who have operated most frequently are Atlee, Kimball, Dunlap, Burnham, Peaslee, Thomas, White, Sims, and Bradford. The last named, the late Dr. J. T. Bradford, of Augusta, Ky., had a higher percentage, no less than ninety per cent., of recoveries than any other operator in the world. Those who have contributed most, by the publication of statistics of the operation, or arguments in its behalf, to its proper appreciation, are the late Dr. Pope, of St. Louis, Dr. Lyman, of Boston, Dr. Atlee, the late Dr. Miller, of Louisville, Ky., Dr. Peaslee, and Drs. Hamilton and Reeve, of Ohio. In regard to the diagnosis of cystic diseases of the ovary, no more important addition has been made than the examination with the microscope of the contained fluid by Dr. Drysdale.¹ Dr. Atlee has established important rules of diagnosis from the coagulability of the fluids obtained from uterine or ovarian cysts, or from the abdominal cavity.²

¹ DEAR SIR: Since reading the paper at St. Louis, in 1873, "On the Granular Cell found in Ovarian Fluid," I have continued the investigation of these and other dropsical fluids, and have now examined over a thousand specimens of them. These examinations enable me to emphasize the opinion which I then expressed, that the ovarian granular cell is pathognomonic of cystic disease of the ovary. Yours very truly, T. M. DRYSDALE.

(1) Fluids, drawn from the peritoneal cavity, or from ovarian or broad ligament cysts, do not coagulate on mere exposure to air. (2) Fluids, drawn from non-inflammatory accumulations in the peritoneal cavity, will coagulate more or less under the influence of heat and nitric acid. (3) Fluids, drawn from inflammatory accumulations, will coagulate by heat and nitric acid; and will also, by standing, produce a fibrinoid deposit in small quantities without heat and nitric acid. (4) Fluids of ovarian cysts proper, will coagulate to a greater or less extent by heat and nitric acid. Certain fluids, however, may collect in the parenchymatous structure of an ovarian tumor, which will neither coagulate, by heat or nitric acid, nor on mere exposure to air. (5) Fluids of cysts of the broad ligament will not coagulate by any means. (6) Fluids, drawn from fibro-cystic tumors of the uterus, are distinguishable from all others taken from the abdominal cavity by coagulating rapidly on exposure to air, and, after standing, by separating into clot and serum. This fluid, when not stained with red blood, is very transparent and of a yellowish color, and is really blood, or liquor sanguinis minus the red corpuscles.

WASHINGTON L. ATLEE.

In the operation itself the most important advance is the enucleation of the cyst according to the method of Dr. Miner, of Buffalo. This method is not of general, but of particular, application, and permits the safe removal of tumors that otherwise could not be dealt with in consequence of adhesions. Clamps, instruments used probably by only a minority of American operators, have been devised by Atlee, Storer, Dawson of New York, and Mears of Philadelphia. Peritoneal drainage after operation has been practically studied by Kimball, Atlee, Sims, and Thomas. Dr. Peaslee has shown the utility of intra-peritoneal injections in septi-cæmia, regarding them as more valuable than any other and all other means.

Vaginal ovariectomy originated with Dr. Thomas, in 1870. The same operation has since also been successfully performed by Dr. Davis, of Pennsylvania, Dr. Gilmore, of Alabama, and Dr. Battey, of Georgia.

Ovariocentesis Vaginalis has been greatly improved by Noeggerath, and the results he has had are remarkably favorable.

Removal of the ovaries in order to determine the menopause in certain cases where menstruation is attended with great suffering, and otherwise incurable disease, was the proposition of Dr. Battey. The operation has been performed sixteen times,¹ with three deaths, the operators being Dr. Battey, Dr. Sims, and Dr. Thomas. Its propriety is hardly established in the face of such statistics.

Did time permit, many other contributions to operative gynecology might be alluded to, such as that of Nott,² extirpation of the coccyx for coccygeal neuralgia, in 1844; Schuppert's³ operation for obliteration of the vagina, in 1858, "the first case of vulvar occlusion by elytopisiorraphy without ulterior accidents;"⁴ and Emmet's method of securing the restoration of the anal sphincter in operation for ruptured perineum, a method which has recently been successfully followed by a surgeon of Rouen.⁵ So, too, we might mention the peculiarities of Dr. Bozeman's operation for vesico-vaginal fistula—his knee-chest support, his self-retaining speculum, his button sutures, his method of auto-plasty by gradual approaches,⁶ and, above all, his past successes at home, his present abroad, might be mentioned. The merit of a method will be at once conceded when it has won the approval of such men as Simon, Braun, and Dolbeau.

One of the minor, but by no means insignificant advantages of the establishment of a method of cure for vesico-vaginal fistula, that must not be omitted, is that in consequence thereof the operation of vaginal lithotomy is relieved of its most serious objection—the resulting fistula. Now surgeons, following the example of Dr. Sims, in 1850, remove the calculus by vagino-vesical incision, and immediately close the opening with silver sutures. This operation is growing in favor; in this country forty-one cases have been collected by Dr. Mastin: "the operation," says Dr. Warren, "seems to have been done more frequently in this country

¹ Dr. Trenholme, of Montreal, and Dr. Peaslee, have reported cases of the operation since the delivery of this address.

² American Journal of the Medical Sciences, October, 1844.

³ A Treatise on Vesico-Vaginal Fistula, New Orleans, 1866.

⁴ Le Double, Du Kleisis Génital, et principalement de l'Occlusion Vaginale et Vulvaire dans les Fistules Uro-Génitales. Paris, 1876.

⁵ Annales de Gynécologie, July, 1876.

⁶ New York Medical Record, August 26, 1876.

⁷ Boston Medical and Surgical Journal, July 20, 1876.

than in any other." Hybord,¹ in considering the relative advantages of lithotrity, dilatation and lithotomy, observes that the latter, especially vesico-vaginal, with immediate suture, is preferable if the calculus is hard, large, or encysted.

But turning from these and many other topics, and concluding this division of the subject, we cannot refrain from a remark or two concerning the surgical development of American Gynæcology. Of course in this country, as in others, the advance has been much greater in the surgical than in the medical department of so-called uterine therapeutics. In explanation of this fact, as it is observed here, two peculiar causes have been in operation, in addition to those which are common. One of these is in the characteristics of the American mind—its tendency is to action rather than to reflection; quick and fertile in expedients, it seeks immediate results, rather than exercises the patience for recondite investigation. And again, most of those who have made themselves especially famous, and therefore have become leaders of sentiment and of action, have acquired their celebrity and influence by brilliant operations. An inspiration comes from the graves of the dead and from the deeds of the living, kindling hope and ambition, to emulate their fame, and to do their works, or even greater works. American Gynæcology has proved its power, and recorded triumphs that cannot perish. The past is secure. The future is the child of the past, and its glories may be more numerous and grander.

"Men, my brothers, men the workers, ever reaping something new;

That which they have done but earnest of the things that they shall do."

Let us hope that, as Uterine Surgery has in this country made such great progress, and accomplished so much, the future historian will record similar progress and a corresponding development of Uterine Medicine.

The first American work on Diseases of Children, entitled, "A Treatise on the Physical and Medical Management of Children," was by Dr. Dewees, and published in 1825. Up to 1842 no less than seven editions had been issued. "To Dr. Dewees we are greatly indebted," said Dr. Hodge, "simply for fixing attention on the physical management of children, independently of the high value of his directions; for, prior to this period, the profession in this country left the details almost exclusively in the hands of nurses and midwives, with all their tormenting ignorance and officiousness." Dr. John Eberle, one of the first professors in Jefferson Medical College, then a professor in the Medical College of Ohio, and finally in the Transylvania School at Lexington, Ky., where he died in 1838, was author of a Treatise on the Diseases and Physical Management of Children, which was published in 1837. A third edition appeared in 1845. Dr. Eberle was a compiler, but was always judicious in his compilations.

In 1841, the Practical Treatise on Diseases of Children of Dr. James Stewart was published. This was, according to Dr. Condie, "certainly superior, in many points of view, to those heretofore accessible to the great body of our profession in this country." The author refers to the fact that opium is of admirable benefit in many of the inflammatory complaints of children, especially after bleeding, and was much in use by the older American practitioners. The practitioner of to-day would use the

¹ Des Calculs de la Vessie chez la Femme et les Petites Filles. Paris, 1872.

opium much oftener than he would the bleeding. The year 1844 brought another Practical Treatise on Diseases of Children, the well-known volume of Dr. D. Francis Condie. The sixth edition of it was issued in 1868.

Dr. Condie was, according to Prof. Stillé, by long and extensive experience, accurate observation and diligent study, not only of English writers, but also of the Continental, and especially of the German, well qualified to prepare such a work. The volume grew with each new edition, especially in accretions from foreign sources, and one who reads it now will, without the greatest care, occasionally get lost in conflicting pathological opinions and theories. But no one can mistake the two important characteristics of the therapeutics—great caution in the use of opium, great faith in the power of mercurials. Few American physicians have equalled Condie in medical learning, and the hundreds, possibly I might say thousands, of pages of criticism he has contributed to the American Journal of the Medical Sciences, constitute an important feature of our national medical literature. He was remarkably fluent in composition, yet no one could say—

“ His talk was like a stream which runs
With rapid course from rocks to roses.”

Rocks, big, solid rocks, enough there were in his writing, but roses fared as ill at his hands, as the poppy-heads that fell before Tarquin's angry cane.

In 1848, A Practical Treatise on Diseases of Children, by Dr. J. Forsyth Meigs, was issued by Lindsay and Blakiston. This was the third of the series of manuals which this well-known firm engaged in publishing, the first being the work on Obstetrics, by Dr. Tucker, to which reference was made in a former part of this address. Meigs on Diseases of Children has been and still is held in much esteem by the American profession. It has passed to the fifth edition, and in the preparation of the two last editions Dr. Wm. Pepper has been associated with Dr. Meigs.

A Treatise on the Diseases of Infancy and Childhood, by Dr. J. Lewis Smith, was issued in 1869; the third and latest edition appeared in 1876. “Smith” is a book of fewer pages than “Meigs and Pepper,” but clearly and concisely written. As a guide for the practitioner, and as a textbook for students, it hardly has a superior.

In 1849, Dr. John B. Beck, one of the first professors in the College of Physicians and Surgeons, New York, published his work on Infant Therapeutics, which Dr. Gross¹ recently pronounced “a perfect gem in its way.” The late Dr. C. R. Gilman² states that “it was received with the greatest favor, both at home and abroad. Few medical books of its size contain an equal amount of sound learning and practical good sense.”

Observations on certain of the Diseases of Young Children, by Dr. Charles D. Meigs, was issued in 1850. Here we have, in the midst of excellent and most useful instruction as to the management of several of the diseases of children, some of the author's peculiar pathological views, views which were always ingenious, and, if not always true, never failed of the semblance of truth. Here we are taught the efficacy of a woolen cap in coryza, the “right-side treatment” of cyanosis, and are brought face to face with that “endangium” which played so important a part in his theories of disease.

¹ History of American Medical Literature.

² American Medical Biography.

In Dr. Bedford's valuable Clinical Lectures, already referred to, some of the diseases of children are treated of plainly, practically, and wisely, but there is by no means a complete course given. Indeed, in reading this volume, and finding here and there these diseases considered, while the great body of the work is occupied with diseases of women, one is reminded of a street-car or omnibus crowded with adults, and then here and there a child interposed or superposed.

Having thus briefly noticed these different volumes, we shall next refer to a few special American contributions to Pædiatrics. Among the earlier, must be placed the letters on Angina Trachealis, by Dr. Richard Bayley, of New York, 1781, to Dr. William Hunter. Dr. John W. Francis¹ speaks highly of these letters, and states, "we are justified in giving to Dr. Bayley the merit of being the first writer who understood the nature and treatment of croup." In a letter written to Dr. Fothergill by Cadwallader Colden, New York, October 1, 1753, the writer describes diphtheria and its treatment, chiefly as observed by Dr. Douglass, of Boston. In 1736, Dr. Douglass published a pamphlet² entitled, *The Practical History of a new Epidemical Eruptive Miliary Fever, with an Angina Ulcusculosa which prevailed in New England in the years 1735 and 1736.* "The first full description of this affection published in this country," says Dr. J. F. Meigs, "was by Dr. Bard, and based on an epidemic which occurred in 1771. The views advanced in his paper have been universally recognized, even to the present day, as most clear and just." Dr. Bard's account of the disease has been recently very favorably referred to and quoted by Loraine & Lépine.³

Shall we mention one of the first applications of electricity as a therapeutic agent, in this country; its successful use in 1752 by the illustrious Franklin in a case of convulsions, in a patient of Dr. Cadwallader Evans, of Philadelphia, a girl of fourteen, who had been afflicted for ten years?

In regard to the treatment of croup, four important therapeutic agents have been introduced by American physicians. The mercurial treatment is attributed to Dr. George Monroe, of Delaware, who graduated at the University of Edinburgh in 1786. Dr. Hubbard, of Maine, is to be credited with first using and advising the yellow sulphate of mercury, a remedy which has received from Dr. Fordyce Barker, after using it twenty-eight years, the highest possible praise. The late Dr. Charles D. Meigs was the first to advise the common alum as an emetic, while more recently the treatment by cold has been ably advocated by Dr. Jacobi.

The most valuable contributions to the subject of umbilical hemorrhage have been by three American physicians, Drs. Mirot, Stephen Smith, and J. Foster Jenkins.

The subjects of masturbation and hysteria in young children have been elaborately presented by Jacobi, whose many and valuable contributions to Pædiatrics are so well known to the profession, not only at home but abroad.

Dr. R. W. Taylor⁴ has produced a monograph upon Syphilitic Lesions of the Osseous System in Infants and Young Children, which has attracted much attention, both in this country and in Europe.

Dr. Busey⁵ has given a faithful study of the action of certain drugs in

¹ Anniversary Discourse before the New York Academy of Medicine, 1847.

² An abstract of this paper will be found in the Medical Recorder, Philadelphia, 1825.

³ Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques, vol. xi.

⁴ American Journal of Obstetrics.

⁵ Columbia Hospital Report.

bronchitis. And thus, name after name might be mentioned, paper after paper referred to, showing how active the American profession has been in the department of diseases of children. But this address has already transcended the time assigned it, and I must conclude.

Did time permit, I might mention the organization of societies devoted to the especial study of obstetrics, and of diseases of women and of children, in Louisville, Boston, New York, and Philadelphia, as at once the signs and means of advance. So too, the American Gynæcological Society, born this Centennial year, gives promise of high honor and great usefulness. The establishment of hospitals devoted to diseases of women, is another evidence of progress. The Woman's Hospital of New York, founded and built chiefly by the labors of Sims and Emmet, and which has been of such incalculable benefit to thousands of suffering women, and to the profession, has been the noble pioneer. May the day speedily come when every State shall have a similar institution!

The American Journal of Obstetrics, founded by Dr. Dawson, and conducted with such signal ability, the demand for the reprint of the Obstetrical Journal of Great Britain and Ireland, and the valuable additions made to it by American writers, are evidences of progress.

And now, in conclusion, have we brought the names of those who, in this country, have been prominent in advancing the knowledge of Obstetrics, Gynæcology, and Pædiatrics, for apotheosis in some new Olympus? Nay, rather, for inscription in our memorial window of the Temple of Medicine. There let them be written, Samuel Bard, William P. Dewees, Thomas C. James, Ephraim McDowell, Charles D. Meigs, Gunning S. Bedford, Hugh L. Hodge, D. Francis Condie, Henry Miller, Walter Channing—but I cannot repeat the long list.¹ There let them all be recorded, and there forever abide. It is done. Lo! the Orient sun of the Republic's second century is pouring its light upon them, is kindling in our hearts gratitude and joy, and evoking more than MEMNONIAN music, TE DEUMS and JUBILATES, from a multitude whom no man can number, who lived because *they* lived, who suffered and who were saved from their sufferings and from the sorrows of death by the interposition of *their* Divine Art. When that sun is sinking behind the flood of years, may its departing rays gild those names with a new glory, shining too on others still more illustrious.

¹ Is it presumptive to interpret the presence with us to-day of two eminent obstetric teachers from abroad, as a cheerful tribute to the value of American work in this department of Medicine? To those teachers, one of them the honored occupant of a chair made illustrious by the names of the Hamiltons and of Sir James Y. Simpson, and the other whose fame has gone out into all the earth, and whose imperial authority the professional world acknowledges, every American physician gives hearty thanks.