

a phthisical patient from following his employment, as each case could be treated on its merits. He mentioned instances where permitting phthisical patients to follow their occupations indiscriminately as at present was not without danger to other persons. He thought the Medical Institution ought to endeavour to move the public in the matter.—Dr. ABRAM gave two instances to illustrate the marked infectivity of pulmonary tuberculosis. He drew attention to what, in his opinion, was generally overlooked—namely, that the reputation of the open-air treatment was in the main based on the results obtained in high-altitude sanatoria. He counselled moderation in urging the virtues of low-lying sanatoria lest there should come a reaction in the public mind with regard to the provision of pure air for tuberculous patients.—Dr. CARTER, Dr. BARR, Dr. GLYNN, Dr. MACALISTER, Mr. S. KELLETT SMITH, and Dr. STOOKES took part in the discussion.

## CLINICAL SOCIETY OF MANCHESTER.

### *Exhibition of Cases.—Extra-uterine Pregnancy.—Placenta Prævia.*

A MEETING of this society was held on Nov. 15th, Dr. A. HILL GRIFFITH, President, being in the chair.

Dr. JUDSON BURY showed the following cases of Nervous Disease:—(1) Hemiplegia from Embolism the result of Aortic Disease; (2) Hemiplegia the result of Syphilitic Endarteritis; (3) Syringomyelia; and (4) Chronic Anterior Poliomyelitis affecting a Limb already Atrophied in consequence of Infantile Paralysis in Early Life.

Dr. WAHLTUCH showed two cases. The first was that of a man, aged forty-two years, who had come under his care at the Hulme Dispensary on Oct. 27th, 1898, suffering from Paralysis of the Median Nerve. He had been ill since May 23rd, when he awoke with pain in the neck and along the left arm, the forearm, and the palm of the hand. There was numbness in the second and third, and, to some extent, in the fourth, fingers. Treatment by massage and electricity twice a week had been carried out during the preceding three weeks. The patient had felt better after each application; the pains were less frequent and less severe and the numbness was almost gone. The second case was one of Paralysis of the Deltoid of the Left Arm. The patient, a man, aged sixty-four years, had had a fall in August last, and a fortnight later had felt weakness and pain in the left arm, especially in the deltoid. The muscle was wasted and the patient could not lift up his arm. He had attended as an out-patient at the Hulme Dispensary on Oct. 1st. Treatment by massage and electricity had been carried out. Slight improvement had taken place at the end of four weeks.

Dr. DULBERG showed a case of Subacute Articular Rheumatism in a patient who was undergoing the Tallerman treatment. He had benefited considerably, although he had had only three baths. The treatment was described and the opinion was expressed that it deserved to be tried in suitable cases.

Dr. T. ARTHUR HELME read notes of a case of Extra-uterine Pregnancy of Twelve Years' Duration. The history pointed to the facts that the extra-uterine pregnancy had existed for twelve years; that ten years ago the patient had given birth to a child *per vias naturales*, whilst the ectopic pregnancy was still there; and that the latter had lain dormant until two years ago, when suppuration began and pus was discharged *per vaginam*. Dr. Helme opened through the posterior vaginal fornix, removing the foetal skeleton and draining the sac through the vagina.

Dr. HELME also discussed the Treatment of Placenta Prævia, dealing especially with the central variety and showing the correctness on anatomical grounds of Barnes's description of his method of "stripping the placenta" from that portion of the uterus below Barnes's boundary line, now known as Bandl's ring—the contraction or retraction ring.

## EDINBURGH OBSTETRICAL SOCIETY.

### *Presidential Address: Surgical Interference in Gynaecology.—Latency of Gonorrhœal Infection.*

A MEETING of this society was held on Nov. 9th, Dr. HALLIDAY CROOM, President, being in the chair.

The following office-bearers were elected for the ensuing

session:—President: Dr. J. Halliday Croom. Vice-Presidents: Dr. N. T. Brewis and Dr. J. W. Ballantyne. Treasurer: Dr. W. Craig. Secretaries: Dr. J. Haig Ferguson and Dr. W. Fordyce. Librarian: Dr. R. Milne Murray. Editor of Transactions: Dr. J. W. Ballantyne. Members of Council: Professor Simpson, Dr. Alex. Ballantyne, Dr. Melville Dunlop, Dr. F. W. N. Haultain, Dr. Owen Mackness, Dr. Macvie, Dr. Berry Hart, and Dr. T. Brown Darling.

Dr. CROOM read his presidential address on Surgical Interference in Gynaecology. It was with satisfaction at the commencement of the sixtieth session that the society could look back upon the work accomplished in former years. Originated by the exceptional brilliance of Sir James Y. Simpson, it did much to further gynaecology in Scotland, and there was probably no society in Scotland which had met month by month and lived and flourished as this had done. During the last ten years it had preserved its obstetrical character, as there had been twice as many papers on this branch as on the gynaecological. In recent years gynaecology had progressed into a science and might now be said to be divorced altogether from obstetrics, for by easy gradations it had digressed from the domain of the physician to that of the surgeon. The obstetric physician must be relegated to the lying-in hospital, while the gynaecologist must be classed among the surgeons of a great hospital. It must ever be a difficulty to a surgeon who is not accustomed to either obstetrical or gynaecological work to make his diagnosis a certainty. There was no doubt that the surgical treatment of diseases of women had been much overdone, as in the case of removal of the ovaries and tubes for inflammatory diseases. We could not be too glad that the tendency now was becoming more and more conservative and that the perfected methods of antiseptic surgery enabled us to deal with even limited areas of affection in ovaries and tubes. We realise that it is only in grave pathological lesions that these organs should be entirely removed. The means of dealing with a tubal pregnancy before rupture were well determined and its removal was a matter of comparative safety compared with the risks of rupture. But it was just possible that the resort to the knife had been overdone and that many early ectopic gestations, even after rupture, had become absorbed and disappeared without the arbitrament of the knife. The operation for the entire removal of the uterus by the vagina had developed enormously. It could be done swiftly and easily in a few minutes, but the question was in the case of carcinoma if it tended to the prolongation of the life of the patient. It stopped hæmorrhage and foetid discharge, but relief was only temporary. Even temporary alleviation would be an advantage were it not that with the recurrence of the disease the ultimate pain and suffering were greater than if there had been no interference at all. In an experience of twenty years Dr. Croom had tabulated every case of malignant disease of the uterus which had come under his supervision. They amounted to 260, and of these only 15 fulfilled all the conditions requisite to justify hysterectomy with expectation of success. Of these 12 were operated on, and though the patients—to use the hackneyed phrase—made absolutely uneventful recoveries they all died within a year and, in Dr. Croom's opinion, with greater suffering than if they had been left alone. This applied to several cases in which the disease was absolutely confined to the fundus and where, as far as could be made out, there was no involvement of the broad ligament; and yet in all the disease recurred in the peritoneum and the patient died in great distress within the year. After an initial diagnosis of cancer a woman's expectation of life was from two to two and a half years. Many forms of cancer were painless and most destroyed life by hæmorrhage, exhaustion, and uræmic poisoning. The question was: Did women live longer lives and die less painful deaths if the uterus were removed or if the disease were allowed to run its ordinary course? In Dr. Croom's opinion surgical interference was better left alone. Statistics might be given of the German results, but whatever the explanation might be neither in this country nor in America could results be obtained at all in comparison with what the Germans claim. Cancer in Germany must be one thing and cancer in Great Britain another, or the respective diagnostic skill of the two countries must vary considerably, or women must present themselves to German surgeons at a period when the disease was in its most initial stage, when it was confined to a small nodule in the cervix or limited to the mucous membrane of the cervix. Another explanation of the discrepancy might be that cases of marked cervical catarrh and gross erosion