are not allowed to use drugs in doses otherwise than as we have been taught from time immemorial, which is not at all the case.

We are bound to nothing, and are at liberty to use any drug in whatsoever dose we please, when experience has proved to us its beneficial action, the only provision being (I repeat it, to impress it upon you), that we take no name other than that of "physician." Thus, if convinced of its usefulness, we may use the one one-hundred-thousandth of a grain, nay, the one-millionth of a grain of any drug, if we wish, and yet no one can rightly accuse us of sailing under false colors if we do not class ourselves with one sect of special name. Can you, looking at the matter impartially, deny that this is the broader and safer ground to stand upon?

As proof of what I have said, look at the practice of any two "regular" physicians. Their theories and their methods of treatment may differ widely. Where one may believe that the less medicine given the patient, the better, another may have that implicit faith in drugs which makes him pour them down the patient's throat *ad nauseam*, and yet neither of these men is accused by others of their profession of practising otherwise than legitimately.

In thus discussing your question, gentlemen, I trust I may have expressed clearly to you what I consider the chief point of controversy between the two parties.

(To be continued.)

Original Article.

GYNÆCOLOGICAL HINTS AND HOBBIES.¹

BY W. SYMINGTON BROWN, M.D., OF STONEHAM, MASS.

THE first time that I saw a vaginal speculum used was at the Glasgow Lock Hospital, in the summer of 1841. The patient was a young prostitute. I happen to recollect the case from the circumstance that the edges of the instrument (it was a clumsy, home-made bivalve) were so sharp that its insertion caused the mucous membrane to bleed, and I took it to the cutler's shop next day to get its edges rounded.

About one year later I was present at an operation for procidentia uteri, performed in the Glasgow Royal Infirmary, where the surgeon, after replacing the womb as well as he could, scared the vaginal walls with a red-hot iron, for the purpose of producing permanent adhesion and contraction. That was the best he could do for the poor woman; and, no doubt, he thought he had done pretty well.

We all know what giant strides gynecology has taken since 1842. It would only be a waste of your time and mine to try to enumerate them. What I propose in this paper, is to pass in review a few of the more prominent hobbies which have been ridden during the last thirty years, including an epitome of the available hints picked up in the same period. I can safely promise that the later part will not tire you by its length. Louis Agassiz is said to have remarked that he had only made two discoveries during his whole scientific career, and they could both be comprised in less than half a page.

As an aid to memory, I am in the habit, when possible, of classifying my notes under four heads, and

that arrangement will suit my purpose to-night. During the last thirty years we have had, in gynecology:

I. An Era of Cervical Ulceration.

II. One of Displacements.

III. A Surgical Era.

IV. A Constitutional Era.

I do not use the word hobby in an invidious sense, I simply mean that certain men give undue prominence to one particular symptom, and attach more importance to it than it deserves. We are all guilty of doing this occasionally. We have each our likes and dislikes, some of which would often puzzle us to give a good and sufficient reason for. When the hobby masters us, then it becomes tyrannical and mischievous. It is plainly our duty to examine facts as we find them, to be fair and candid in our interpretation of them, and not try to twist them into line with our preconceived ideas,—in a word, to recollect our fallibility. Oliver Cromwell hit the nail on the head when he said to an assembly of Scotch clergymen, "I beseech you, brethren, by the mercies of God, conceive it possible that you may be mistaken." The chronic hobbyist is never mistaken: he is like the lady Franklin met in Paris, who said "I do not know how it happens, but I meet with nobody, *except myself*, that is always in the right.

I. CERVICAL ULCERATION.

Dr. James Henry Bennett, who may justly claim to be the prophet of this era, says, "I have endeavored to demonstrate the important fact that inflammation is the keystone to uterine pathology." He went much further and attempted to prove that ulceration of the cervical mucous membrane was the keystone, and caustics the remedy. This theory possessed the advantage of extreme simplicity. Nearly all needed to carry it out in practice was a glass speculum, a stick of lunar caustic and unlimited confidence: so its followers soon became numerous. Its founder was not an ignoramus; far from it. He had "the courage of his convictions," and did more than any other practitioner of his day to help forward gynecology by insisting on the propriety of and absolute necessity for a thorough examination. He rode a hobby, it is true, but he rode it right manfully. It is also true, as he alleged, that mucous membranes all over the body, are much more liable to inflammation than serous membranes or parenchyma.

After all, however, it is difficult at present to realize that so fierce a war was waged about so small a matter as the difference between abrasion and ulceration. Dr. Macleod says, "The terms desquamation, or excoriation, or abrasion, are applied to the removal of epithelium alone, while ulceration implies a deeper penetration of the destructive action." If we accept this definition, and it seems a fair one, we would feel inclined to side with Dr. Robert Lee, who totally denied the occurrence of ulceration. Certainly the non-specific "ulcers" we find on the cervix uteri are very seldom, if ever, like ulcers on the leg or any part of the skin; they are abrasions, and do not eat into the deep tissues under the epithelium. The result is that iodine and dilute carbolic acid have taken the place of nitrate of silver, which latter salt, though generally set down by modern surgeons as only an astringent, has caused considerable mischief in the shape of pinhole os uteri. I am not at all sorry, therefore, that it has been laid on the shelf. The hot douche, scarifications, medicated

¹ Read before the Section of Obstetrics and Gynecology of the Suffolk District Medical Society, March 17, 1886.

woolen pessaries, and glycerine are much better agents to allay inflammation.

II. DISPLACEMENTS.

In one sense, we might assert that the uterus has no permanent location. It is a sort of vagabond. When we define its position as lying between the bladder and rectum we are as precise as the facts warrant us; and indeed, under certain circumstances both of normal and abnormal development, the great bulk of the organ is not to be found even there. The truth is that the womb is preëminently a mobile organ, shifting its position almost every hour of the day, according to the condition of the bladder, rectum and small intestines.

Dr. Graily Hewitt in England, and the late Prof. Hodge in this country, are authorities in all that relates to uterine displacements. I have carefully read and re-read their books; and the conclusion I have arrived at is, that on no other medical subject has there been so much cry and so little wool. Dr. Hewitt, in particular, is the ideal hobbyist. I think if he were to meet with a huge fibroid, his first idea would not centre so much on the nature of the tumor as on the degree of displacement. According to him, nearly all the ills that woman is heir to, depend on malposition. His argument has always appeared to me like an inverted pyramid, which I would like to reverse; for, according to my notion, very few of those ills depend on displacements. In fact, I only know of two,—prolapsus and retroversion—which produce much mischief. Flexions and anteversions occasionally exist, but the proof that they always cause dysmenorrhœa or other discomforts are lacking, and the major part of the symptoms attributed to these malpositions might fairly be classed as doubtful.

I think, however, there need be little doubt that pessaries are chargeable with hurting more patients than they help. This is especially true of those instruments which are connected with an external support, such as Cutter's, for the reason that what they attempt to achieve, namely, to fix the uterus in a certain position, is itself unnatural. The womb is normally movable, very much so. If we attempt to limit its mobility by external supports, intra-uterine stems, or otherwise, we violate the cardinal principle of its being. Indeed, many of the most serious uterine diseases depend mainly on the circumstance that they fix the womb in one position; and whether it be imprisoned by adhesions, deposits, contraction of ligaments, or a pessary, the result is the same, congestion and hypertrophy.

I hope no one will infer from this that I am opposed to pessaries *per se*. I am not. I believe that they have a limited range of usefulness, as temporary expedients, but, like opium and alcohol, they are edge tools, capable of turning out either a blessing or a curse, according to the way we handle them. With the exception of procidentia (which is really a sort of hernia, and the pessary acts as a truss) I believe that all pessaries which benefit the patient, whatever their form or material, act in one and the same way, namely, by supporting the uterus, and allowing its ligaments to recover their tone. To do this, the contrivance must itself be movable and easily removed by the patient. A pledget of fine iodized wool, changed daily, fulfils these requirements. The next best material is a block-tin ring, which can be shaped by the surgeon's

fingers at the bedside, and is strong enough to retain that shape while lying in the vagina.

III. SURGICAL.

The surgical era may be fitly represented by Sir Spencer Wells and the late Sir James Simpson in Great Britain, and Dr. Thomas Addis Emmet and the late Dr. Sims, in America.

Surgery possesses one advantage over medicine: it is more palpable, so that its mistakes and shortcomings are easier detected. But surgery is not entirely free from hobbies, even in its highest sphere of triumphs. Take ovariectomy, for example: more than any other modern operation, it has passed through the severest fire of criticism, and has come out purified, glorious. One might feel disposed to think that there was scarcely any room for hobbies here. The "sober, second thought" of most experienced operators had arrived at the conclusion that it was best to wait till the disease had begun to make its mark on the general health before operating. Recently, however, we see the doctrine advocated, that it is better to operate at once, at least, as soon as we are sure of our diagnosis. Talented men, like Dr. Bantock, of London, not only urge this plea, but put it in practice. I believe that these surgeons are wrong, and, unconsciously, are riding a dangerous hobby.

A single case in my own practice will illustrate what I mean. Eleven years ago, in examining a patient, I detected an ovarian tumor not larger than a hen's egg. One year later, it had increased to the size of a newborn infant's head, and Dr. Chadwick, who saw her in consultation, concurred in the diagnosis. Six months ago, when last examined, the tumor had attained the size of an adult head. During the last eight years, the principal inconvenience suffered is prolapsus uteri, for which she wore a doughnut pessary for a long time, but at present she only wears a T-bandage. The question arises, was it our duty to have advised the removal of this tumor? I think not. Even with the encouragement offered by the marvellous success following ovariectomy (due, as some think, to Listerism, and others, to cleanliness and acquired dexterity), the most sanguine surgeon must admit that there is *some* risk of life attendant upon it. On such occasions, I say to myself, If this woman were your sister or daughter, would you operate? I freely admit that most surgical failures are fairly chargeable to delay, but such a case as this seems to me to be the exception, which proves the rule. One of the heaviest burdens a surgeon must bear, is the sense of personal responsibility, coupled with the conviction that after he has done his best, the result is so often doubtful.

Professor Simpson popularized the practice of slitting up the cervix uteri to cure dysmenorrhœa, sterility, etc. The malformations intended to be remedied by this heroic method are now known to be nearly all congenital, and the treatment has become obsolete. In our day, it is the fashion to sew up lacerations of the cervix—a more rational practice.

Dr. Marion J. Sims did more than any other surgeon in this country to ring the changes on "Uterine Surgery." His book with that title reads like a romance, and, in fact, is one. For, as Dr. Van de Warker, in his eulogy, has pointed out, Marian J. Sims was a poet, as well as a surgeon, and labored untiringly to carry out his surgical ideas from an innate love of truth, rather than from greed of fame or

money. He lifted vesicovaginal fistula out of the Slough of Despond, and gave us a speculum which will never be superseded. He rode no grovelling hobbies.

Perhaps there is no instrument used in gynecology which has furnished so large a field for hobby-riding as the invention of specula. If cutlers would only agree to designate them by numbers — say from 1 to 1,000 — instead of the inventors' names, the evil would be lessened; but I cannot agree with Mr. Lawson Tait, in a recent New York address, who proposes to abolish both speculum and uterine sound. One may ride a negative, as well as a positive hobby.

IV. CONSTITUTIONAL.

Nearly a century ago, John Abernethy pointed out the great importance of constitutional treatment in surgical diseases. He wrote a famous book on the subject, and the medical wits of that day used to say that Abernethy charged his wealthy patients a guinea for advising them to buy his book! Dr. Fordyce Barker and Dr. S. Weir Mitchell are worthy successors of the great London surgeon. But it is not every one who can afford to pay one hundred dollars per week for board and treatment; and, fortunately, every patient does not require to be put through the course of training which Dr. Mitchell enforces. Our own Dr. Field, of Newton, Mass., has also devoted a great deal of time to the elucidation of this question.

One reason why women need constitutional as much, if not more, than local treatment, is because uterine diseases are generally of an insidious, bearable nature; and, partly from false delicacy, women do not apply for assistance until the whole system has become more or less affected.

Leucorrhœa — the commonest of all female complaints — often depends on constitutional disorder or disease, and does not become local until the continuous maceration of the cervical and vaginal tissues results in abrasion, puffiness, or something worse. If we cure the abrasion, often called ulceration, we have not cured the real disease, which may depend on indigestion, imperfect aeration of the blood, starvation of ganglia, kidney disease, or some other trouble.

In young girls, amenorrhœa may follow excessive mental application at school; and the remedies would not be an intra-uterine pessary or emmenagogues, but less brain work, pure air, bathing, and gentle out-door exercise. I see such cases nearly every month.

In married women, who have borne children, one of the commonest conditions we meet with is a torpid liver, complicated with constipation. I know that the liver has long acted as a sort of scapegoat to carry off the physical sins of the people, both masculine and feminine; and prominent physicians like Dr. Matthews Duncan, deny that it is so often guilty of producing or aggravating disease as it is accused of. The influence of mercury as a cholagogue has been called in question too, by recent experimenters. But I also know that I have administered hepatic pills to that class of patients with the best results. They are more alterative than laxative. If the constipation depends on retroflexion, of course that must be attended to. Ordinarily I depend on diet, massage, force of habit, and enemata, to relieve constipation. But the physician's *bête noir* lurks in the nervous system. We call it hysteria, neurasthenia, or something else, according to the prevailing fashion. As a general rule, the uterus has but little

to do with it. We occasionally meet with similar symptoms in men. Hysteria attacks women more frequently than men, because the former are naturally more exposed to nervous perturbation, are more emotional, and the weaker vessel founders.

The real origin lies in the present phase of civilization — a crazy competitive race, with disease for prizes, and death for the paymaster. Our so-called civilization is the rank soil which raises so copious a crop of faith curers, homœopathic jugglers, wholesale lying druggists, and reprobate doctors, all riding one hobby — Money! But this, I fear, is forbidden ground. We must "learn to labor and to wait."

Pharmaceutical Memoranda.

LANOLIN.

BY B. F. DAVENPORT, M.D.

UNDER the name of Lanolin, Prof. Liebreich, of Berlin, has recently introduced as a base for ointments, etc., the fat obtained from sheep's wool. This substance is one of the so-called cholesterin fats which are formed in the animal keratin tissues. It is much more completely and rapidly absorbed by the skin than the ordinary glycerine fats, or the paraffine. The preparation is an emulsified form of suet, or crude wool fat. It is perfectly neutral, difficult to saponify, and has not a tendency to become rancid. Its capacity for absorbing water is so great that it works up with over its own weight of it, forming there with a plastic cream-like mass. It combines freely with glycerine, forming with it an excellent basis for ointments, pomatums and cosmetic purposes. It is so rapidly absorbed by the skin as to form a very efficient means of administering remedies. A mercuric chloride ointment made up with it containing but one-thousandth of one per cent., induces the characteristic metallic taste in the mouth within a few minutes after its application upon the skin of any part of the body, and if containing ten per cent. potassium iodine, the presence of iodine in the urine can be shown in from a half to three-quarters of an hour, and after several applications it will continue to be eliminated for about a fortnight. Lanolin was used by the ancients, being mentioned by Herodotus, Pliny and Aristophanes. Under the name of *Æsypum* it was mentioned in the Florentine Pharmacœpia of 1560. — *Pharm. Rundschau*.

Reports of Societies.

MASSACHUSETTS MEDICAL SOCIETY.

COUNCILLORS' MEETING.

THE annual meeting of the Council was held at the Medical Library, Boston, on the evening of Tuesday, June 8, 1886. One hundred and seven Councillors were present. The meeting was called to order by PRESIDENT HOMANS at seven o'clock.

After the reading of the record of the previous meeting by the Secretary, and its acceptance, the roll of those composing the Council for the year 1886-87 was read. The Secretary announced the names of