

ADDRESS ON THE PROGRESS OF MEDICAL SCIENCE DURING THE PAST HALF CENTURY.

BY SIR JAMES GRANT, M.D., K.C.M.G.,
PHYSICIAN TO THE GOVERNOR-GENERAL OF CANADA.

Delivered at the Fortieth Annual Meeting of the American Medical Association, Newport, R. I., June 27, 1889.

Sir James Grant, M.D., of Ottawa, Canada, upon being called upon, rose and spoke as follows: I beg to return to you my sincere thanks for the invitation extended by a committee of this Association to be present at this meeting of the medical profession of the United States, and it is an additional source of gratification that I am asked to a seat on this platform. I am reminded of the fact that when the Marquis of Lorne was governor of Canada, the Royal Society was invited to lunch at the government house. When the health of the president of the United States was proposed, a sentiment which we Canadians fully appreciate, and which we are delighted to honor next to that of our glorious Queen Victoria, Mark Twain was asked to respond. He thanked his excellency for the compliment and was proud to be the recipient of the distinction, but regretted that being unprepared he was unable to respond. I feel very much in the same position on being called upon to speak to this large body before me. For fully twenty-five years I have been in the habit of attending the meetings of your Association at various points, and it is to me a source of pride and gratitude to be able to note the progress of that profession to which I have the honor to belong. This is an exceedingly important epoch in the history of our profession. You have just celebrated your one hundredth anniversary, which marks the progress of this great country. In entering the hall to-day, the observation dropped from a bystander that the insane doctors were meeting here. It struck me as somewhat peculiar, inasmuch as I was not aware of the fact that this meeting could appropriate that idea. It was soon cleared up as I learned that that branch of the profession met here. Let me, for a short time, draw your attention to the remarkable advance in the several departments of the profession, which has been made within the past century.

It was in 1835 that Gardner Hill, of the Lincoln Lunatic Asylum, announced the treatment of insanity by non-restraint. Prior to that time the poor lunatic was subject to be confined in the corner of a cell with chains round his neck, his arms manacled, and pendulous clubs attached to his feet in order to prevent locomotion. His food was served to him as it would be to an ordinary quadruped, and in fact the whole treatment of the insane in those days was most irrational in its character. Much credit is due to Pinel in Paris, Tuke of York, and Charlesworth in the city of

Lincoln asylum, in which the grand final experimenting of entire freedom of the insane was carried out.

We find here that in the great institutions of this country for the treatment of the insane every indication of progressive development as to the principles of treatment in cases of mental aberration have been carried into operation most successfully. You have undoubtedly great workers in the subject of psychological investigations. When in Edinburgh some years ago, Dr. Tuke, the author of that admirable work on "Insanity," remarked to me that by far the best journal on psychological medicine was that published by the late Dr. Jewell, of Chicago. The investigations of the late Dr. Gray, of Utica, are well known, doubtless, to every member of the Association. The subject of cerebral pathology attracted his closest attention, and his demonstrations by the large microscopic sections of the brain, which he was enabled to make, did much to convey an accurate idea of cerebral structure under very diverse circumstances. Strange to say that some of the most violent forms of insanity ever under the microscope have not been traced to anything like change of structure. Such, also, was the impression conveyed to me by Tuke, of Edinburgh. These, of course, may be looked upon as irregular cases, as usually insanity rarely takes place without some definable reason in the great nervous center. Under these circumstances is not the trite and laconic observation of *Punch* brought home to us with more than ordinary force: "What is matter, never mind, and what is mind, that's the matter." Pursuing this subject still further the investigations of our physiologists within the past quarter of a century have certainly accomplished much as regards our knowledge of the nervous system. Disturbed cerebral centers, frequently telegraph their abnormal condition to the peripheral surface, producing an abnormal condition of facial expression. By a process of careful analytical induction such men as Ferrier, of London, Hamilton and Seguin, of New York, and Hammond, of Washington, have been enabled to take stock of the changes and define the region of the disturbed centers. This embraces the great recent advances in the subject of cerebral localization, and is the very cue to the advances in cranial surgery undertaken by such men as Horsley, of London, McKeon, of Glasgow, and Seguin and Warren, of New York.

In looking around me on this platform, I am extremely grateful to find present one of the ex-presidents of this Association, Dr. Bowditch, of Boston, whose name is so closely associated in the subject of pleuritic effusion, and who worked so vigorously to convey his accurate impressions as regards the treatment of this important thoracic disease. Not alone have his observations

been confined to the chest, but in the domain of preventive medicine he has also been one of the pioneers. It has been well said that "an ounce of prevention is better than a pound of cure," and notwithstanding the fact that the members of the medical profession in the advocacy of sanitary science, are curtailing very effectively the means of their ordinary livelihood, and still their philanthropic efforts are never stayed where they can be of advantage to the public at large. The great public institutions of this country give evidence of the principles of sanitary science. The jails are made comfortable even for the most dejected criminal. The hospitals give evidences of thorough ventilation and ample supply of light and all the modern improvements for sewage and water supply, very important factors in the treatment of the sick. The articles of diet are being carefully investigated. Milk is now known to be a prolific source both of scarlet fever and diphtheria, and in early life being a common source of diet, how necessary are the investigations of the sanitarian. Less than half a century ago, Farr, of London, gave a great impulse to the progress of sanitary science by the introduction of tabulated statistics as to the life and death rate. In the various medical institutions in this country, as well as in Canada, the subject of sanitary science is receiving the most careful consideration, and very justly so, inasmuch as it pertains most closely to the welfare of society at large. Let me draw your attention for a few moments to a great gymnasium of the human system, of which we have evidence in the surgery of the abdominal cavity. This country has reason to feel proud of what has been accomplished in this department. The name of Ephraim McDowell, of Kentucky, with you, as with ourselves, is a household word. He possessed the skill, the forethought, and the knowledge which enabled him to undertake the first ovariectomy. Following rapidly in his path came Dunlop, of Ohio, and Kimball, of Lowell, Mass., the latter of whom maintains the vigor of youth, although considerably over his seventieth year. These men constitute an intellectual tripod, if I may so term it, in the domain of abdominal surgery. Before me I see a gentleman whose name I cannot refrain from giving expression to, Dr. Senn, of Chicago, who has accomplished so much with reference to the lesions of the intestinal canal. His name will undoubtedly become a household word amongst the members of our profession. While advertizing thus personally to what your men have achieved, I feel confident you will join with me in recognizing the admirable achievements in the same line of thought brought about by such men as Sir Spencer Wells, Drs. Thornton, Bantock, Lawson Tait, and Keith, of Edinburgh. Almost every organ in this cavity has been operated on successfully, and the achievements mark beyond a doubt

the progress of surgery during the latter half of this century. There is another department concerning which I desire to allude briefly, namely, that of therapeutics. We have with us to-day Shoemaker, of Philadelphia, and Prof. Stuart, of McGill University in Montreal, both of whom are actively engaged in therapeutic inquiry. Medicines are now no longer, we hope, administered empirically; the why and wherefore are being inquired into most carefully. How the remedial agents act directly or indirectly on the blood and tissues is the subject of much physiological research. Here comes in a question of the slowing of the heart's action by digitalis and the reduction febrile states of the system by antipyretics. Much credit is due to the pharmaceutical associations of this country for the elegance of the preparations placed before the profession, so much so that the old British pharmacopœia must undergo considerable modification. There is also a marked advance in dietetics embracing peptonoids and very digestive materials introduced to tone and assist digestive function. Cod liver oil and its emulsion also occupy an important place as therapeutic adjuncts. And in addition the triturates so recently introduced are doubtless valuable as means of medicinal administration.

On my way from Boston, yesterday, I was gratified to read the instructive address of the Hon. Chauncy Depew to the legal profession, in which he referred to the representation of this country. Of the thirty-two presidents, eighteen were members of the legal profession, and during the past one hundred years, in eighty-two of that period the presidential chair has been occupied by legal lights of this country. The bearing of this subject is extremely important, inasmuch as the medical profession is concerned. In the Commons of Canada there are at least fifteen or twenty medical men, and in the Senate also quite a number of members of the medical profession. In the local provincial parliaments our profession is ably represented. Thus we have been enabled to guide and direct public opinion towards the important question of medical education. I listened with pleasure to the report of your committee on this subject, recommending the introduction of a higher standard in this country, both as to preliminary education and subsequent academic study. Having been upwards of twenty-two years consecutively in the Medical Council of Ontario, I have had opportunities of observing the importance of this question. The local Parliament of Ontario passed a bill for the formation of a Council, giving it the power to appoint examiners in medicine, irrespective of the teaching bodies, and thus guard the portals of entrance into the medical profession. Prior to this time the entrance of homœopaths and eclectics into the profession was very considerable, but now that matters have been placed on a uniform basis of

examination, except in special subjects such as homœopathy and eclectic materia medica, we find that this elevated standard has improved very materially the entire status of our profession; in fact, to-day there are very few graduating homœopaths or eclectics compared to the regular profession, greatly brought about by the introduction of the elevated standard of medical education.

In the great medical centres of this country we cannot fail to miss many of the old landmarks, men like Dunglison, Gross and Pancoast, of Philadelphia; Parker, Buck, Marion Sims, Flint, Hamilton and Van Buren, of New York; White, of Buffalo; Brainard and Jewell, of Chicago. These men gave a force, a character and an impulse to the profession recognized throughout the civilized world. Younger men are following rapidly into the path of distinction, and have achieved more than an ordinary celebrity, such as Thomas and Emmett, of New York; Storer, of Boston; and Goodell, of Philadelphia; particularly in the diseases of women. I am pleased to observe here so many younger members of the profession. To attend these meetings is a duty they owe not only to themselves but to the communities in which they are laboring. Here we receive, as it were, a bird's eye view of the progress of our profession in every department, and the very intellectual friction produces a tonic influence which sends every member of this Association home with renewed vigor in that profession we delight to honor. A young Western physician, recently visiting Paris, remarked to his professor if he knew so and so in the medical profession; the reply was that he did not. "What has he written?" was the question asked. The young physician answered, "He has not written anything so far as I know, but he has a very large practice." To the younger members of the medical profession I would say, in order to achieve a lasting reputation, record your facts, note carefully bedside observations and do not be in a hurry in drawing sudden conclusions. Thus you will be enabled to contribute your mite to the journalism of this country, and support a most commendable department of literature which guards over the best interests of our profession.

To the profession in Canada permit me to say that I consider ourselves one people. Placed as we are on either side of an imaginary Chinese wall we speak the same language, we enjoy the same literature, we take our inspirations from the same fountains of science in all that pertains to the best interests of our profession, and I will say, in as far as the unity of that profession is concerned, that the beautiful sentiment expressed by Her Majesty the Queen on the completion of the Atlantic cable applies equally well to our profession: "What God hath joined together let no man put asunder." In conclusion let me again return you my warmest thanks for the kind reception I have received and the delight I have experienced

in the presence of your great historian, Bancroft, and many other old friends I see around me still in the vigor of life. Let us then work on to do honor to our profession, to alleviate the sufferings of humanity, and in that profession to perform the important responsibilities assigned to our respective charges. And I feel I cannot do better than express the lines so beautifully written by your gifted poet who now slumbers amidst the illustrious dead of this great Republic:

"Let us then be up and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

The distinguished speaker was frequently interrupted by loud applause.

ORIGINAL ARTICLES.

CHRONIC INVERSION OF THE UTERUS. REDUCTION BY A NEW METHOD.

*Read in the Section of Obstetrics and Gynecology, at the Fortieth Annual Meeting of the American Medical Association,
June 25, 1889.*

BY HENRY O. MARCY, M.D.,
OF BOSTON.

It is my purpose in this paper to consider only chronic cases of inversion of the uterus, as they are usually presented to the attention of the gynecologist. Cases of partial inversion occurring at labor are believed to be far more common than the teachings of the text-books would lead us to accept. More than once it has occurred under my own observation, and in a recent discussion upon the subject by the members of the Boston Gynecological Society, a considerable number of cases were reported.

It was undoubtedly more frequent during the earlier practice of the midwives, when traction upon the umbilical cord was commonly practiced, in order to bring away the placenta. There is much disagreement of opinion as to the cause of inversion even in these cases, although it is conceded that the uterus is generally very flaccid and muscular contraction of the organ is either irregular or wanting. When the inversion is complete, under such circumstances, the hæmorrhage and shock are often so great as to endanger life.

When promptly recognized the reposition of the organ is generally not attended with serious difficulty. If the placenta has not been detached for the obvious reason of lessening hæmorrhage, it is better to replace, if possible, before separation. This, however, is exceptional, since a more or less partial separation takes place, accompanied by great hæmorrhage. If the cervix is firmly contracted reposition is no longer easy, but nothing is gained by delay and reduction must be accomplished regardless of difficulty. When reposition has taken place, the uterus must be supported