

means for the prevention of the disease rather than to wait until it has become more widely spread? These measures may be divided into two classes, the prevention of leprosy persons from coming into the country, and the proper care of those who are already here. To carry out the first, it would be necessary that all suspicious emigrants should be examined by a physician thoroughly competent to diagnose the disease in its earlier stages, and if leprosy were present, they should at once be sent back to be dealt with as the authorities of their native country might determine. Doubtful cases, if allowed to remain, should be placed under surveillance for two or three years; at least experience has shown that.

The only successful method of controlling the disease in the country is the segregation of the lepers, and their complete separation from healthy persons. This is a measure very difficult to carry out, even when there are but few cases, as is shown by the history of such laws in New Brunswick. In that province it was found almost impossible to compel some diseased persons to enter the lazaretto. If such were the case when there were but a few sufferers, how much harder would it be to enforce the law were the number greatly increased! This difficulty is one of the strongest reasons why such laws should be enacted without delay.

As the disease exists in the three great sub-divisions of the continent, the United States, Canada and Mexico, it would appear necessary that an international understanding should be arrived at whereby an asylum might be established in each country, and that the law should make it compulsory for all persons in whom the disease exists in an active stage to be thus separated from the healthy portion of the community. Such asylums should be made in every way as far as possible desirable places of residence, and should be placed in charge of physicians who would make a careful study of the disease. More successful methods of treatment might thereby be discovered, thus greatly benefiting the unfortunate patients themselves.

Dr. White, in his address delivered at our first meeting at Niagara Falls, in 1874, in giving the various objects and aims of this then new organization, made the following remarks:

"In the division of our work will be included the consideration of questions which may be of national importance. Leprosy has been hovering about our borders for many years; has been introduced into the heart of the country by the importation of stock from a people prone to the disease; has been, according to a reliable report, prevailing to a limited degree within a restricted locality of our Southern States; all for many years, and yet we have seen no reason to fear that it should gain a serious hold upon us. We have regarded it as a disease so far removed from us by time and geographical position that it did not concern us especially; but the history of its progress in the Hawaiian Islands within the past few years, the growing intimacy of communication between them and us, and the immigration in enormous numbers to the Pacific Coast of a race with whom it is indigenous, make the establishment of a foothold of the disease upon our soil by no means improbable.

"The question of its possible contagion was lately revived by competent observers; and of its most effective management, as a part of State or international

medicine, may demand before long our special attention."

In view of these remarks I feel that, in making the suggestions already offered, I am well within the scope of operations of this Association.

I have thus taken up a few points in the Prevention of Skin Diseases, in order that more attention may be directed to that subject. Some of the remarks may seem superfluous to those coming from districts where sanitary laws are fully carried out. It is, however, quite certain that in many States and cities little attention is paid to such regulations.

It has been the custom of former presidents to make suggestions pointing to the improvement of the Association. Some members are of opinion that the thorough and exhaustive discussion of one or two subjects each year might add to the interest of our meetings. Such subjects for discussion might be selected by the Council, who could also appoint a referee and co-referee to introduce them.

Another point which might be considered, is the advisability of making it a rule to hold our annual meetings in large centres of population. Some of the most interesting and useful features of our gatherings might be the exhibition of rare forms of skin diseases. This could only be developed by making such a rule as that just mentioned.

The past year is memorable by two events, the first International Congress held in Paris, and the first meeting of the Congress of German Dermatologists held in Prague. The formation of these Associations will no doubt greatly stimulate the study of dermatology, and we may expect abundant fruit in future years as the result of their labors.

I will conclude by declaring the Association open for business, according to the programme which you have all received.

PRESIDENT'S ADDRESS. AMERICAN GYNECOLOGICAL SOCIETY.¹

BY H. P. C. WILSON, M.D., BALTIMORE.

FELLOWS OF THE SOCIETY:—For the honor which you have conferred upon me in selecting me to preside over your deliberations, I tender you my hearty thanks. I realize that your partiality has overbalanced your judgment, that many now before me are more worthy of the honor, but not one more zealous for the good of this Society, not one more proud of the record it has made, not one more ambitious for its glorious future.

When I look down the line of pre-eminent men who have preceded me—some of whose names are as household words wherever the word "woman" is pronounced,—when I remember their achievements in this Society (as elsewhere), and realize that I stand here to take up the work which they have laid down, I should feel my utter helplessness, but for that generosity and support which I see beaming from every face before me.

As officers and privates, then, let us stand together in the future as in the past, a solid band battling for the truth in all that pertains to knowledge in obstetrics and gynecology. Let me congratulate you on meeting again under such favorable auspices in this charming city, always distinguished for its men of culture,

¹ Delivered at the Fourteenth Annual Meeting, Boston, September 18, 1889.

its lights in science, its overflowing hospitality, — “a feast of reason and a flow of soul,” are vouchsafed to us. Here we shall study obstetrics and gynecology pure and unadulterated (which is the sole purpose of this Society), free from the distractions of all otherologies, free from the interruptions of large assemblies with so many diversified interests. Here, too, we shall again cultivate those social qualities which have been such a charm at our annual meetings, and which have drawn us so closely together.

The social feature of this Society is far more than mere eating and drinking; it brings the fellows together in such close intimacy that the views of one are readily exchanged for the views of another; minute points in science and practice are explained by man to man; obscure points in papers and debates are made clear; little things in operations and therapeutics (so essential) are elucidated, as cannot be done in the set essays and impromptu debates of the stated meetings. In mercantile language, our social gatherings are Gynecology on Change; and we would hold on to them as a powerful lever in elevating this Society.

On the 3d of June, 1876, in the Hall of the New York Academy of Medicine, nineteen gentlemen were assembled to found the American Gynecological Society. Twenty others, who were prevented from being present, sent in their approbation and hearty co-operation in the work undertaken; and thus thirty-nine names constituted the foundation fellows of this Society. Of these eight are dead: E. R. Peaslee, J. Marion Sims, W. L. Atlee, Albert H. Smith, J. P. White, J. D. Trask, Charles Buckingham, Ellerslie Wallace. “When shall we look upon their like again?” “They rest from their labors, but their works do follow them.” Five have resigned on account of age, ill-health or other unavoidable causes. They have helped to bear the heat and burden of the day, and rest on their honors. As the shades of evening draw around them, our blessings rest upon them. Thus, of the thirty-nine foundation fellows, thirteen have passed from active membership. One-third of our original number are gone by death and resignation.

Of those who have joined us by election, we have lost eight, — five by resignation and three by death. The latter are, Drs. John Scott, James B. Hunter and Ellwood Wilson, — making twenty-one fellows in all lost to active fellowship in this Society since its foundation.

To Dr. James R. Chadwick, of Boston, is due the conception of this Society. To Dr. Fordyce Barker, more than to any other single fellow, is due its rapid growth to the stature of a strong and full-grown man. The recognition of his pre-eminent abilities, and of his labors in its behalf, has been manifested by his having been three times called unanimously to preside over its meetings, an honor which has never been accorded to any other fellow; and, while naming these, I would not detract one iota from the vigorous work by other fellows who have done so much to make the American Gynecological Society what it is to-day. Their labors are before you in our published transactions, and crown them with honor.

On the 13th of September, 1876, more than thirteen years ago, we held our first annual meeting in the hall of the New York Academy of Medicine. Twenty-eight fellows were present, and a number of distinguished foreign guests. It was my privilege to be

there, and it has been with great pleasure and profit that I have attended every annual meeting since. I have always been present to answer to my name when the roll was called, and have never left till after final adjournment. I have watched with great interest and pride the history of this Society. To it can be traced many of my greatest achievements in life, and through it have been made many of my best and dearest friends. It is no wonder, then, that I should be proud of the appreciation in which it is held at home, and the fame that follows it abroad.

Whenever I have been in foreign lands, it has frequently been a passport to me in medical circles to be known as a member of the American Gynecological Society. I have repeatedly been told by medical men in Europe of the admiration they had for this Society, and the pleasure it would give them to be of its membership; and it has gained for me access to persons and places from which I should otherwise have been excluded.

It is of the first importance to me then, as to every fellow, that the reputation of this Society should be maintained, — yea, lifted far above its present elevated position. We must advance, and not rest on our past achievements.

I have already told you how many of the founders of this Society are gone; how many more are travelling down the hill of life burdened with the weight of years and loaded with innumerable cares; and how many more, in the prime of life, are overwhelmed by the daily duties of practical gynecology, from early morn to lingering eve, with nothing left of time or strength for scientific investigations. These are the men, who, under great difficulties as pioneers, have done so much to bring gynecology to what it is to-day. Nothing daunted by the shafts of ridicule, the detractions of jealousy, the threats of prosecution, Sims and his followers have pressed onward till this branch of medicine is now established on everlasting foundations.

In the natural course of things these early workers must soon rest from their labors. Their scalpels and speculums must pass into other hands; but it is with great pleasure and satisfaction that, in looking over this assemblage, I see so many men of youth, strength, diligence, brilliancy of mind and nobleness of purpose, to whom the interests of this Society can be entrusted, with the assurance that its position will be placed higher and higher in the temple of fame. Older men must step one side; younger men must take up the burden.

For the future of this Society nothing has given me more anxiety than the selection of new fellows. We want, as members, the best men in our land, men of brains, laborious men, gentlemen; men, who with cultivated minds, by patient research, can verify or disprove many of our crude pathological ideas. We want more scientific investigation into the pathology of the disease we are called on to treat. Sound pathology always insures better therapeutics. This kind of work cannot be demanded of the older members, who are constantly overwhelmed with the cares of daily practice, and whose minds are preoccupied with the questions of saving life and alleviating suffering.

It is to the younger men of this Society that we must especially look for contributions of original research, which in time, I trust, will make its transac-

tions the storehouse of all that is sound in doctrine and best in practice.

They are not yet overwhelmed with patients; and while they have the time, the strength, the fire of youth, which stimulates to exploration, we would call on them to work for gynecology, as they will not be able to do in later years. Then gynecology will work for them.

I would increase the membership of this Society, not because "in a multitude of counsellors there is wisdom" (this is not always true), but because from our widely extended country many fellows are frequently unable to attend the annual meetings, and we are sometimes reduced to a small working force. Again, with a larger membership, we would have greater diversity of talent from which to bring forth things new and old.

I would abolish the third article of the constitution, which relates to the election of fellows. I would enlarge our number from time to time by invitations to join, and cut off all applications for membership. It was by invitations that this Society was formed. It should be by invitations that it is continued and enlarged. In this way we would get the best men in our country, many of whom are now deterred by the gauntlet they have to run from applying for membership. In this way also we should escape some of the unpleasant things which confront us at each business meeting.

I would restrain this Society from all entangling alliances with other societies. The distractions of such large assemblies are not promotive of the best work in any specialty. If we would make it the great authority on all gynecological subjects, if we would make it the first in wisdom as the first in age, we must abstain from too much allegiance to other societies, and let our full strength be concentrated here. Whatever time and labor are expended on them will be subtracted from this, and by so much will its vigor and strength be diminished.

I would hold with unyielding tenacity to the social feature of this Society. Nothing should be allowed to interfere with it. The cultivation of the heart is hardly second to the cultivation of the head. Cold comfort is a damper to the soul. Nothing so much as social gatherings has tended to bind us so firmly together — a united band of brethren.

LAPAROTOMY DURING MENSTRUATION.

But, gentlemen, before closing this address, which you have required me to deliver, and which is more trying to me than many laparotomies, I must present you with one question: Shall we perform laparotomy immediately preceding or during menstruation?

This is a question which frequently embarrassed me in my earlier professional experience. Books were searched and authorities consulted for its elucidation; but I found nothing to enlighten me on the subject. The medical friends with whom I consulted advised against such a procedure. In addition to this came the paper of Dr. Horatio R. Storer, read at the first meeting of this Society, in 1876, in which he concluded "that for pelvic operations, all things being equal, it is better to select the week immediately following the cessation of the catamenia," for all such operations.

Operations per vaginam may require the selection of the uterine ebb, where such choice can be made, as

the dressings and attention necessary afterward may be embarrassed by menstruation; but for laparotomies involving the pelvic organs, my experience teaches me to select the uterine flood, rather than the uterine ebb. During the uterine flood, the circulation and innervation are in a state of tonic excitement. During the uterine ebb they are in a state of relaxation and depression; and patients thus are more liable to passive hemorrhages, the absorption of septic poison, the deadly influence of shock, than when the system is under the stimulus of the uterine flood.

It may be said that inflammatory troubles are more apt to be set up during the uterine flood. I would ask the Fellows how many of their laparotomies have been lost by inflammation other than septic. I cannot recall one in my own experience. Shock, hemorrhage, and blood-poison have been the causes of death in all cases, and blood-poison oftener than all other causes together.

On June 19, 1871, more than eighteen years ago, I performed ovariectomy on Mrs. C. C. W. The operation had been fixed for that day; all arrangements had been made. The weather was extremely hot, and the patient was alarmingly feeble. All efforts to build up her strength were futile. She was rapidly losing strength, and I realized that she could not survive much longer. When I reached the house, where a number of physicians were assembled, I found that Mrs. W. was menstruating very freely, about six days before her time. I was in great perplexity what to do. With the patient's great feebleness and the debilitating effects of the intense heat of summer in a large city, I did not think she could much longer survive. My preconceived opinion was that no operation on any of the pelvic organs should be done during menstruation. There was no authority to which I could turn to extricate me from my dilemma. My professional brethren present did not venture an opinion. I finally came to the unassisted conclusion that it was more dangerous to my patient for me to retreat than to advance. I removed the tumor. The woman made a good recovery. Her menses were very free for several days after the operation. This was my second case of ovariectomy — both successful.

In December, 1880, I removed both ovaries from Miss A. E. by abdominal section. This was the first operation of the kind by this method in the State of Maryland. The operation was done to bring on the menopause, for a bleeding myoma in the uterine walls. She was within four days of menstruation. It came on the night of the day of the operation, and was very profuse. She is now living, in perfect health, and married, taking care of her paralyzed husband and a large family of children by his former wife.

I might go on to report many cases on whom I had performed laparotomy very near or during menstruation, but I will not detain you. Within the past year I have done a number of such, and every one recovered. I have never lost a case of laparotomy done immediately before or during a menstruation, and I am thus forced to make the uterine flood the time of selection for such operations, rather than the uterine ebb.

But, gentlemen, there is a limit to all things, even to your patience, which has been great. I thank you for your kindness. You will thank me for — well, I will not say what. A few words more and I am done.

Since our last annual meeting Death has dealt us a

terrible blow in cutting down two of our most esteemed and honored fellows, Drs. James B. Hunter and Ellwood Wilson. In no single year before has he been so merciless to us — two, for one in all previous years. The strength of this Society is made up of just such material. They were corner-stones in this superstructure. As one stone crumbles, another stronger one must replace it. To other hands I leave the preparation of memorials worthy of their characters, while we sorrow over our loss.

"In the midst of life we are in death." Who shall be the next to fall? God grant that we may so live as to be prepared to die.

PRESIDENT'S ADDRESS. AMERICAN ORTHOPEDIC ASSOCIATION.¹

BY E. H. BRADFORD, M.D.

BEFORE beginning the regular exercises of our Third Annual Meeting, it will be well for a few moments to bring to mind, the facts which have led to the organization of this Association.

Our Association is a pioneer association in the department of orthopedic surgery. This brings with it both honor and responsibility; for the department of surgery we are interested in will be promoted or injured according as our work is equal to or falls short of the opportunity, and we must clearly bear in mind that the progress of orthopedic surgery has not been that of uninterrupted advance.

The history of this branch of surgery has been often told, the first attempts in the correction of deformities is perhaps as old as surgery. The existence of this special branch may be said to date from the work of Andry, who, in the last century gave it a name; and it is due chiefly to a remarkable group of French surgeons, — Delpech, Bouvier, Bonnet, Malgaigne, Guerin, Pravaz, — that the specialty may be said to owe its breath of life. The German surgeons Stromeyer, Heine, Dieffenback, Langenbeck fully equalled the French in their efforts, and too much cannot be said in praise of the work of the English surgeons. Percival Pott's name is stamped indelibly on the records of our specialty; the work of Sheldrake is a tradition for us. It is, however, to Little and his school, that we Americans are more indebted than to any other foreign influence in moulding our current practice.

Even at the present time when orthopedic surgery is so well established as is now the case in America, it is easy to note European influences, — especially that of German surgery; Boeckel and Ollier, of France; Macewen, of Glasgow; and Thomas, of Liverpool.

But though great progress was made in orthopedic surgery, it is not to be overlooked that it fell from the high estate it held in general surgical interest fifty years ago, until it became an almost despised and rejected branch. The orthopedic surgeon was regarded as a man of mere straps and buckles, or the custodian of that surgical chamber of horrors, the orthopedic institute. The reason of this decline of interest is not far to seek, if we recall the fact that fifty years ago the attention of the surgical world was turned to the remarkable feats of the great surgeons who taught us precision, skill and boldness in the triumphs of the amphitheatre, and that the ambition of all men of energy

prompted them to emulate those monarchs of the operating-table. The famous line in the Iliad,

"Ιητρος γάρ ἄνθρωπος πολλῶν ἀντάξιος ἄλλων,"

was interpreted to mean the surgeon whose feats meant so much for humanity.

Following this period came the introduction of anesthetics, which enormously enlarged the field of possible operations; and subsequently came the introduction and perfection of the antiseptic system which has enabled the surgeon to perform in his operations veritable marvels.

It is not strange that in the active current of progress the less brilliant branch of orthopedic surgery, where successes can rarely be won in the amphitheatre, and where the element of patient, persistent work is an important fact, should have been for the while passed aside by the energetic and ambitious.

The history of American orthopedic surgery shows, in a degree, the same tendency in development that existed in Europe, the same interest at one period and the same decline. In the last generation, however, when American arts and sciences had begun to free themselves from the provincialism of mere imitation of European models, the natural spirit of mechanical ingenuity became manifest in this branch of surgery. This has, perhaps, in some cases led to mechanical extravagance; but it will be universally admitted that a marked advance has been won, and that the tendency is in the right direction.

The history of orthopedic surgery in America can never be thoroughly written, as the earlier facilities for presenting cases and recording methods were necessarily imperfect in a new country. The earlier American bibliography, prior to 1860, which, through the kindness of Dr. Billings, has been copied for me from the catalogue of the Army Medical Library, shows not only much that is of interest, but indicates by what is implied as much as by what is published, that much excellent work was done which escapes the annalist.

The first triumph in orthopedic surgery in America is the classical operation by Rhea Barton (*North American Medical and Surgical Journal*, 1827, p. 279), the founder of osteotomy for correction of deformity, as McDowell is the founder of ovariectomy.

Physick's Fixation Hip Splint, described in 1831; Chase's paper on the "Treatment of Club Foot without Tenotomy" (*American Journal of Medical Sciences*), 1841; Mütter's work on "Club Foot," in 1845, — all indicate the intelligent interest taken in the subject. Excision of the hip was first performed in this country by Dr. Wilcox, of Eastern Pennsylvania, as early as 1849.

The stimulus of Stromeyer's achievements was quickly felt in America; and tenotomies were done by Rogers (1834), Dickson (1835) and Detmold (1837). To the latter belongs the credit of the first published tenotomy, the tenotomies of the two former surgeons not having been recorded. Detmold also acted *ex cathedra*, as it were, for he was fresh from the teachings of Stromeyer. The interest taken by general surgeons of the time in orthopedic surgery is indicated by the remarks of Valentine Mott, as quoted by Mütter, of Philadelphia, and by the well-known work on "Orthopedic Surgery," by Dr. Henry J. Bigelow, published in 1845, and which to-day is a model of excellence, and one of the best of publications to

¹ Delivered at the Third Annual Meeting, Boston, September 17, 1889.