The Doctor takes up the position of fixation of the uterus to the anterior abdominal wall, and relates six cases. To my mind some of those cases should be included under the head of chronic endometritis. There are a number of these cases which give the exact symptoms which Dr. Holmes describes who have their leucorrheal discharge, and still can be relieved by other means.

In the third case the Doctor mentions there was a laceration of the cervix. I did not understand whether he operated on the laceration or not. I believe a longer period should be given than is often the case before laparotomy is resorted to. Laparotomy is still a serious matter. If there is only 3 per cent. of mortality, if the 3 per cent. happens to be in your own family, it presses upon you as it would in no other way; and I feel that it is only in the hands of the experts that the mortality is as low as 3 per cent.

In the fifth case the Doctor speaks of chronic inflammation of the bladder, which he may not have meant exactly in that way.

It is not proven that the fixation of the uterus for retrodisplacements is everything that may be desired. I have seen several cases operated on by Dr. Howard Kelley, and by Dr. Lusk, of New York, all of which had broken away in a short time. Some of them returned to their distress, and others gaining some relief. As Dr. Holmes says, many cases of retro-displacement are not pathologic. In many cases there is a complication with either disease of the tubes or ovaries.

DR. E. R. HOLMES—Mr. President: I sanction every word said by yourself in regard to that training which is necessary to a specialist in order to fit him for the work before him. I must say, too, that I approve more fully the ideas of the first speaker than he understands from my paper. Now I may be pardoned for calling attention to the fact that I stated in the beginning of my paper that I was proposing an operation to be used only in exceptional cases. I assure you that my diagnoses in these cases have been carefully made that I have presented to you.

I am reminded of my own position by the gentleman who insists upon a certain training that one must have in order to fit him for special work. Something like seven years ago I became a specialist through force of circumstances. I engaged in the practice of medicine seventeen years ago, and the character of work I was doing was general, as I was in a remote district, and it was necessary for me to do gynecologic work, which led to my making it a specialty. I studied gynecology with Prof. S——, of Brooklyn; afterwards took a special course in the Post-Graduate School in New York; I took a special course in ovarian tumors, and a special course of gynecology with Wm. Baker; and during most of a year spent in London I was continually associated with Dr. Keith. I have habituated myself to diagnosing carefully. I have been the gynecologist of the Portland Hospital, and have had an active practice.

I have culled these six cases I presented to-day from a great number of cases, in order to emphasize the possible value of this plan which I present to you.

I want to present one more case, and then I have done. This patient for the last eight years had been suffering from the trouble I am speaking of, and had spent half of the time in bed, and the last six months all the time, still having bladder pressure symptoms. After the uterus was raised and fastened to the abdominal wall she was relieved from her trouble. This seems to indicate that it was the operation of raising the uterus and anchoring it to the abdominal wall that gave her the much desired relief.

A PLEA FOR MORE THOROUGH TRAINING IN GENERAL MEDICINE AND OBSTETRICS ON THE PART OF THE GYNECOLOGIST.

Read in the Section on Obstetrics and Diseases of Women, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894.

BY HENRY P. NEWMAN, A.M., M.D.
CHICAGO, ILL.

In the pursuit of any calling or profession, as time advances and experience widens, certain conclusions force themselves upon us as the result of individual observation. These develop into positive opinions and generally strike us as original, since they are born of our knowledge of things as they are and our convictions of things as they should be. But very often we find that other workers in the same lines have been impressed with like certitudes, and have arrived at conclusions identical with our own. If, then, it happens that certain necessities or reforms are urged simultaneously by many careful and competent observers, it follows that there must be strong indications for their iteration, and if the matters be of any moment too much attention can not be given them. With this in mind it has occurred to me to offer to my colleagues in the gynecologic specialty some suggestions relative to this branch of medicine in its present aspects and its immediate outlook.

It is evident from the testimony of many good authorities that, in spite of the wonderful progress of modern medicine and the brilliant attainments in surgical and mechanical methods of healing, we have reason to fear for the unity, integrity and honor of our profession. It is useless to shut our eyes to the fact that danger threatens, or to put it aside as sensationalism *sans* foundation, for the warning comes with greatest insistence from those who have so far sustained reputations for accuracy of observation and calmness of judgment.

Many eyes are fixed with apprehension upon the little cloud, now hardly bigger than a man's hand, which is appearing in the fair skies of this successful era of gynecology and threatening to overcast the whole horizon. Its presence there may cause this generation little positive harm, but it is gathering portent for the future. So long as the substantial wisdom, clear-sighted diagnostic ability and sound practical judgment of those who control affairs in medicine to-day shall continue to prevail we have little to fear. It is the on-coming period for which we plead.

The ease with which the most delicate surgical operations can now be accomplished, and the skill which can be acquired by frequent operating, together with the comparative freedom from fatal consequences which has been secured by modern aseptic and antiseptic methods, offer a menace to the public weal whose proportions are destined to give serious trouble to the next generation.

That there is a growing tendency among graduates to enter at once upon the practice of a specialty without suitable preparation is too apparent to be gainsaid; and it is in this tendency that the greatest danger to the profession lies, more especially affecting the future of the art and science of gynecology.

The field of pelvic surgery has widened and fructified until it offers too conspicuous a temptation to that class of men who are on the lookout for

every opportunity to profit in pocket and reputation by the misfortunes of their fellow-beings.

We may see one kind of specialism in our large stock yards every day where exceedingly clever surgery is done by the man whose duty it is to make the sweeping incision, which with lightning dexterity severs this or that organ from its surrounding structures. He becomes expert almost beyond belief, and does vastly better work than many a professional man—in a purely mechanical way—but his skill is manual only, and is amply remunerated by his daily wage. And yet this man offers the most striking analogy to that specialist who fits himself to do but one thing in surgery, and that for the money there is in it, as we are forced to admit some are doing. As one member of the American Gynecological Society has said:[1] "It is a melancholy truth that tyros in the profession, so far as general medical knowledge is concerned have become expert abdominal surgeons, and have acquired proficiency in technique but without the diagnostic skill which should accompany it, and which some experience in general medicine alone furnishes. *Such men as these are not fair representatives of the best gynecologists of the present time.*"

The italics are mine, to emphasize the thought which is comforting as far as it goes, but painfully suggestive of the situation which may supervene when the present shall give place to the future, and these representative, well-balanced, well-equipped specialists have resigned the careful and conservative knife into the eager hand of rising ambition.

This is not, understand me, a plea for conservative surgery, in the sense in which the term is often used to designate cowardly hesitance or dangerous dallying with morbid processes, often denying to the sufferer the single hope of prompt and radical intervention; for often the success of the operation and the life of the patient depend upon the intelligent seizure of the golden opportunity. No! All honor to the pioneers in fearless surgery, and to the advanced and progressive leaders who have carried the art forward to the present stage of perfection, but let such honors always be vested in just such men;—men who have climbed the ladder, round by round, and carried with them the cumulative benefits of each upward step,—rather than bestowed upon those who would clear the distance by the new, ærial, rapid transit route.

Morell MacKenzie, advocating the still more elaborate subdivision of medicine into yet more restricted specialties, sees the tendency of this advice in threatening the unity of medical knowledge, and qualifies it by insisting that: "No medical specialist is to be trusted who has not received the best and widest education in medicine and surgery, and they undoubtedly make the best specialists, who either as physicians or surgeons, at general hospitals, or as family practitioners, have had the largest and most varied family experience. If under these advantageous circumstances the change be not made too late in life, all previous work can be brought to a focus on one special point."

The dangers of the popularization of specialism in medicine suggested themselves strongly to the thinking mind as long ago as 1850, before the practical working of the system had also demonstrated the counterbalancing advantages, and we find Dr. Worthington Hooker addressing the medical students in old Yale, after this manner: "With a special attention to any one thing is naturally associated the idea of special skill. But to say nothing of the fact that this special attention does not always result in imparting skill, it often occurs in medicine that a reputation for skill in some particular department is built upon the mere show of study and research."

It may be perfectly safe for any of the old-line specialists to assert that the future of gynecology turns on an enlightened and conservative surgery, for no one questions his ability to comprehend what is enlightened and conservative surgery, and to apply it to properly selected cases, always with an eye single to the benefit of the patient; but what of some of the newer apostles of the creed, "surgery first, last and all the time," whose field of vision is covered with the glittering allurements of many and remunerative operations?

Ten years ago, W. O. Priestley, then President of the Obstetrical Society of London, said to that body: "It has occurred to me in making a general survey of our ground, and weighing our present position, that the great impetus given of late years by many admirable workers to the progress of uterine surgery has tended to throw the balance somewhat too much over to the surgical side of the scale, and that operative and mechanical methods of treatment have displaced somewhat unduly and hurtfully the medical and psychical considerations in uterine cases."

The years which have elapsed since then have only altered the situation, in so far that such a mild statement of the case is no longer adequate to express the situation.

"Psychical considerations" is Greek to the current language of gynecology, and yet it holds a meaning which should appeal to every thoughtful investigator to-day. Woman and her diseases are the professed objects of our scientific care, but is it not evident that her diseases are receiving a paramount degree of attention?

The disease first, the woman second—if at all. A glance through the exhaustive and exhausting indices of current literature in gynecology will illustrate this fact.

Reports of cases, pathologic phenomena and records of astonishing deeds of daring on the part of this or that surgeon repeat themselves *ad infinitum* and *ad nauseam*, while only here and there in the heroic list, a lonesome title appears: "Is woman degenerating physically?" or, "The importance to woman of hygienic occupations," or again, "Some errors in female education and regimen." A carefully selected list of all the feats accomplished by pelvic surgery during the last decade would prove the statement. Thousands of lives have been saved by ovariotomies and thousands more relieved of menstrual troubles and reflex neuroses by the same means, to be no idle boast.

And, since the number of sufferers applying to the specialist for relief is really only a small proportion of the whole number who ought to do so, it also proves that in addition to these thousands of women who have been rendered sterile by surgery, there are many more who are incapacitated by disease from producing healthy offspring.

To be sure, if a woman can not retain her uterine appendages and live, she is better without them: "If thine eye offend thee, pluck it out"; but the man who professes to be an authority upon the diseases

[1] Dr. Edw. W. Jenks.

peculiar to women is criminally superficial if he is content to accept such a state of things as it is, and does not inquire into the responsibility for the terrible alternative.

The outlook for posterity is getting rather bad, and something must be done in its interest very soon. The subject of woman's health touches society at its most vital point, and in this progressive age the eyes of the public will soon be turned this way. If there is to be a movement in favor of health among women let it be directed by the gynecologist, not against him.

The profession has educated the public to high views in many departments of sanitation, and taught it to cope with contagious diseases, epidemics, filth diseases, and others from the rational standpoint of prevention. Just as the prevention of smallpox is more important than its cure, so ought it to be with gynecic disease, which last is a far more dangerous foe to the community. We want to save our women from the suffering which is coming to be the passively accepted inheritance of the majority of the daughters of Eve.

A full discussion of this question would bring us into the domain of sociology, and involve us in complex considerations which are beyond the scope of the present article, but a few points must be touched upon in regard to the duty of the gynecologist to inform himself upon all subjects relating to woman in health and out of it.

The age of idealism is gone for the nonce. Perhaps a return of the ideal woman might bring back the old days of chivalry, when woman occupied a a lofty pedestal and the light of romance shone about her head; one can not tell, or whether, indeed it would be a welcomed renaissance—in this material age it is so natural to picture her on nothing more exalted than Chadwick's table, in Sim's or Trendelenburg's or the genu-pectoral position, with the full glare of Edison's illuminator—alas! not on her head.

Whatever relations these matters may bear to woman's rights and wrongs, or to ethics in general, there is a physiologic certainty involved which concerns us as specialists very positively. The future of the race depends upon the manner in which woman performs her physiologic functions, and these in turn upon the success with which her constitutional health is guarded.

The causes of disease in the female being generally acknowledged to be defective development, including congenital defects and inherited tendencies, depraved muscular tone through errors in dress, diet and regimen, disturbances of the circulation, constipation and the like, from similar causes; lacerations and trauma in childbirth and septicemia following parturition; and gonorrhea, it follows that a practical knowledge of all these etiologic conditions is necessary to the successful practice of gynecology in its broad sense, all of which makes the office of the gynecologist no sinecure and behooves him to be a man of wide observation and special intelligence. There can, then, be no short road to skill in such a specialty. Several years of conscientious work in general practice and hospital work, with particular attention to the province of obstetrics, are none too much for suitable preparation.

As I have said in speaking upon another topic: "Prophylaxis is the text of what the future has to teach us, and hygiene is the key-note of success." This means that the point of vantage in attacking disease is "before taking," not "after taking." Especially is this true in regard to womankind; therefore a thorough understanding of all that is beneficial and all that is detrimental to her growth and development, and above all a humanitarian interest in the same, is essential to the higher science of gynecology.

Not only to cure the diseases of women but to prevent them, not only to be dexterous in the surgical arena but to be competent to judge of indications and prevent the inroads of physical evils, should be our highest aim.

"The grand difference between men in their power to serve the science or art which they cultivate, lies in the amount of the world's experience, which by the testing processes of observation they have made their own."[1]

DISCUSSION.

DR. JOSEPH EASTMAN—I can not help thanking the gentlemen for these two valuable papers, and I would like to speak particularly for a moment upon Dr. Newman's paper. Several thoughts presented in his paper are essentially the same as I expressed some years ago. But they need repeating, and the valuable additions he has made thereto make the paper one of very great importance.

The fact that a large number of men as soon as they leave a medical college take up some specialty and seek to practice, is getting to be a very serious matter. They forget that women have stomachs and livers and kidneys and other organs, as well as those contained in the pelvis, and the practice is based upon the simple one idea.

I call to mind the meeting of a medical society that I recently attended, where a great big six foot two inch sort of a man, his hair parted in the middle, who had taken up the specialty of diseases of the nose and throat, read a paper on that subject. It had been about a year since he had left the medical college. I became thoroughly convinced that he was a type of the men who seek to become specialists immediately after leaving college. I also became as thoroughly convinced that there was one cause of his becoming a specialist, and none other, and that was about like the Kentuckian who had a dog to sell. He said he was a coon dog. He was asked if the dog had ever chased a coon, and he said, "No." "Why do you want to sell him for a coon dog?" "Why," he said, "he isn't worth a damn for anything else." He was simply a specialist because he was too lazy to take up the labors necessary to make him a competent specialist.

Dr. John T. Hodgen, of St. Louis, in his address as President of the AMERICAN MEDICAL ASSOCIATION, made this expression, and I shall never forget it: "The specialist should be a most accomplished physician and surgeon, and something more; too often he is something less."

It would not hurt a young man, as I believe, to have a good manual training, and it would be a means in the line of fitting him to be a competent specialist. I remember hearing a doctor say that it was a sin for a man to take up a saw for the first time to saw off a bone, when he could more profitably have used the saw, and with less damage, in sawing boards and joists.

Mrs. Eastman often twits me for telling people that I worked for three years at the blacksmith's trade when I was about 18 years of age; and some of my professional friends have asked me to quit mentioning that for nine years I was a country doctor practitioner, living in a small village. I insist that if I am a specialist at all, I am such largely by

[1] Prof. Worthington Hooker, of Yale College, 1852.

what I learned in the blacksmith shop and in general practice. The best ideas I get to-day to help me in gynecology are such as I secured in taking private lessons in diseases of the chest, and such as I obtain from general practitioners in consultation, rather than from the medical journals filled up with authorities from the youngsters who are attempting to become specialists, like some of these Democratic Senators, "a tariff for revenue only."

DR. MCLAREN—In regard to the excellent paper we heard from Dr. Newman, I can most heartily and most thoroughly agree with every position he has taken. It seems to me that the division between obstetrics and gynecology, as seen in America, is wrong to a great extent, and that we would do better work if our clinic hospitals were conducted like those of the German clinics, where the professor of obstetrics is the professor of gynecology.

A man should not expect to become a specialist at the very hour of his graduation. If he expects to be a specialist in gynecology, after his three or four years course he should have service in a hospital devoted to this class of practice, because no matter how thoroughly learned we are in the theory we must learn it practically. Let a man read and write and work to a great extent on his specialty, but let him do all the general work that he possibly can.

DR. GIBBONS, Idaho—I do not belong to this Section, but there is one thing I would like to say to the specialists. I have charge of an insane asylum, and I have been connected with the treatment of the insane for a number of years. I want to say to the specialists that if you can find a way by which you can unsex the men, you will not have to unsex the women so much. (Applause).

I have observed that my patients in the insane asylum without any special treatment for the uterine organs usually get well. In the insane asylums you will find very little uterine trouble.

MRS. BROWNWELL—I do not agree with Dr. Newman's pessimistic views in regard to the women of the present day. I was in Chicago last year and I noticed everywhere the business energy and life of the women of that city, and with what rapidity they moved about.

The older ones will remember that forty or fifty years ago cloth shoes were worn by the women; look at the common sense shoes they wear to-day. I think the ladies of to-day have advanced 20 per cent. within the last ten years in regard to health, and I expect to see the advance continue.

DR. HENRY PARKER NEWMAN—The subject of my paper would be favorable for prolonged discussion I am sure, but owing to the lateness of the hour I think it is best to adjourn. Some one, however, evidently misunderstood the purport of it, by crediting me with attacking the health and development of woman. I do not do so. On the other hand, as a gynecologist and a specialist I hope, and we all hope, to see womankind raised to a higher standard; that is our aim and that is our purpose.

The only idea I had in presenting this paper was to sound the alarm of some of the mischief that is being done, or will be done, if gynecology degenerates into simply surgical procedures. It is a field which covers so much and means so much, that it is certainly pitiful to read some of the gynecologic literature, and even to attend some of the special societies, in which the subject of gynecology seems to have become circumscribed and belittled until we hear nothing but surgery, plastic operations, and matters of like importance from beginning to end.

The Gynecologic Sequela of Grippe.—Ballentyne in the *Edinburgh Medical Journal* has observed among the sequela of grippe a tendency to produce metrorrhagia, menorrhagia, and hematocele. In newborn children the author has noticed the great mildness of the disease as compared with its effects in adults.

A CASE OF DIDELPHIC UTERUS WITH LATERAL HEMATOCOLPOS, HEMATOMETRA AND HEMATOSALPINX, WITH SOME REMARKS ON THE TREATMENT OF THESE CONDITIONS.

Read in the Section on Obstetrics and Diseases of Women, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894.

BY X. O. WERDER, M.D.
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The uterus didelphys is undoubtedly one of the rarest malformations met by the gynecologist. Until recently it was thought to exist only in connection with deformity of other organs of such serious nature as to interfere with the life of the fetus; at present, however, there are on record a number of well authenticated cases in adults; in a cursory examination of the recent literature I have been able to find ten or eleven, a few of them with lateral retention of menstrual blood in vagina, uterus and tube, as in my own case.

By uterus didelphys we understand two well formed and entirely separated uteri, with no partition wall, which have either no connection with each other at all, or at least a very loose one, but with only one cornu and, therefore only one tube and ovary accompanying each organ; in other words, two complete uteri unicornes. In connection with this anomaly we may have a double vagina, one for each uterus, or there may be only one single vagina or a complete vagina with an incomplete one, as in the case to be described.

The history of the case is briefly as follows:

On January 13 of this year (1894) I saw, in consultation with my friend, Dr. Jos. N. Hoffmann, Miss Olga M., age 18, who had been confined to bed for several days with severe pains in the pelvis, especially marked on the right side. The temperature was but slightly increased and the pulse a little accelerated. The pains were constant but she had paroxysmal exacerbations which were described as cramps of an expulsive character. In addition, there was frequent and painful micturition. Abdominal palpation disclosed a tumor located in the pelvis and reaching about three or four inches above the symphysis pubis and extending over to the right inguinal region, and also to the left to a point midway between linea alba and left anterior superior spinous process of the ileum. This tumor on the right and in the median line was smooth, elastic, but not fluctuating; along its left upper surface a projection was noticeable which at the time was compared to a thumb, but was of larger size. A digital examination revealed normal external, virginal parts; about two inches from vestibule the finger encountered a round, fluctuating mass almost entirely blocking the vagina. To the left of it the finger was able to pass the tumor along a very narrow, slender canal, but no cervix could be reached. This mass was continuous with the mass felt above the pelvic brim, where it became broader and wider, filling up almost the whole pelvic cavity. On the right side it reached to the ileum; on the left, however, a small space was left between the iliac bone and the tumor. The latter was distinctly fluctuating in its lower segment, but felt harder and firmer, although elastic, in its suprapubic portion. The projection attached to the left side above described, was a firm body of the shape of a normal uterus, recognized as such, carried up out of the pelvis by the growth. The tumor was tender but not extremely sensitive though the examination proved very painful.

On further questioning it was learned that the patient began to menstruate at 15, periods recurring regularly every three and a half weeks, till the winter of 1893, when they came every two weeks for awhile; since then, every three and a half weeks again; duration, two to four days, quantity normal until recently, but much increased of late; always accompanied since first appearance with paroxysmal pains chiefly in right side and back before, during and after menstruation; has been especially marked during last year. They were principally of a bearing-down character; also