The accounts were audited by Dr J. W. Ballantyne and Dr R. J. Johnston, and found to be correct.

III. The Society then proceeded to the election of Office-bearers for the present Session, and the President announced the result as follows:—President, Dr Haig Ferguson; Vice-Presidents, (Senior) Dr Brewis, (Junior) Dr J. W. Ballantyne; Treasurer, Dr G. Barbour Simpson; Secretaries, Dr Angus Macdonald and Dr B. P. Watson; Librarian, Dr Lamond Lackie; Editor of Transactions, Dr Oliphant Nicholson; Members of Council, Dr Wm. Craig, Dr Lawrence Oliphant, Professor Kynoch, Dr Kenmure Melville, Dr Haultain, Sir Halliday Croom, Dr William Fordyce, Dr A. M. Malcolmson.

IV. The following gentlemen were elected Ordinary Fellows of the Society:—James Langwill, M.B., Ch.B., 4 Montebello, Joppa; P. J. Olivier, M.B., Ch.B., Royal Maternity Hospital, Edinburgh; T. C. Ritchie, M.B., Ch.B., 22 Charlotte Square, Edinburgh; D. P. B. Sivright, B.A., M.B., Ch.B., Royal Maternity Hospital, Edinburgh.

V. VALEDICTORY ADDRESS TO THE EDINBURGH OBSTETRICAL SOCIETY.

By F. W. N. Haultain, M.D., F.R.C.P.

SOME REMINISCENCES OF SIR JAMES Y. SIMPSON'S ASSOCIATION WITH THE EDINBURGH OBSTETRICAL SOCIETY.

Before vacating the chair it is the usual custom of the retiring President to give an account of his stewardship in a short recount of subjects of outstanding interest which have occurred during his occupancy of the chair.

These resolve themselves, in the majority of instances, into a résumé of the work of the Society, and the mournful duty of
dwelling shortly on the gaps in our ranks caused by the ever-present hand of death.

It is not my intention on the present occasion to shirk this responsibility, but having the good fortune to occupy the chair on the hundredth anniversary of the birth of our greatest Fellow, James Young Simpson, it seems incumbent upon me to refer with some fulness to his association with our Society.

This duty, though pleasant, is to one of my moderate literary capacity an extremely difficult one. An attempt even to name his numerous contributions would far exceed the time at my disposal. I shall confine myself, therefore, to some of the more outstanding features of his fellowship.

Though, curiously, not one of the twenty original members, he was proposed and seconded at the first meeting of the Society on 14th January 1840 by Drs Ransford and Beilby, elected on the 27th, and on 9th March he signed the laws and paid the entrance fee. He at once cemented his association with the Society by showing the external genitals of a female with central perineal tear through which the child was born, and he presented a wax cast of the condition at the following meeting. During his first year he brought forward no fewer than eighteen communications, perhaps the most noteworthy of which, from a present-day point of view, was the differential diagnosis of fibroid from ovarian tumours by auscultation and detection of the bruit.

After nine months' ordinary fellowship he was elected Vice-President, and in the following year, 1841, was promoted to the President's chair, which he occupied for sixteen consecutive years. On 14th December of this year his name first appears in the minutes as Professor.

Perhaps his most interesting communication during this session was a description of the new operation of cephalotripsy, which he criticised most unfavourably.

What might be termed his first classic, so far as the Society
was concerned, appeared next year, 8th November 1842, viz., "On the Diagnosis of Diseases of the Womb by the Employment of Uterine Bougies," or, in other words, the uterine sound. In this paper he dilated on the uses of the sound from a diagnostic and therapeutic aspect, and finally proposed the permanent retention of the bougie, in the form of an intra-uterine stem pessary, for the treatment of uterine displacements.

With the introduction of the sound a new era in gynaecology may be said to have begun, and pelvic diagnosis was placed on a scientific basis. It is strange to think in recent years it has been decried by ultra-aseptic gynaecologists as a dangerous, useless instrument, and in some medical schools its very existence is ignored. Like every other appliance, its value depends on the manner in which it is used. From personal experience of its constant use, I can frankly state that, as an aid to diagnosis, it is the gynaecological instrument I could least easily do without; and after using it in many thousands of cases, I have yet to see one where the least semblance of an ill effect followed. If Simpson had done nothing more than evolve the use of the sound, his name would have still been lastingly revered in the science of gynaecology.

Though he read many interesting papers in the interval, it was not till five years later, 20th January 1847, that any of outstanding importance was offered. On this occasion the first indication of his magnum opus was given in a communication on a case of turning under the influence of sulphurous ether. In this instance he delivered a living foetus from a woman whose previous labour had with difficulty been finished by craniotomy.

The case is of especial interest from three points of view:—Firstly, it was the first instance in which ether inhalation had ever been used during labour, and was destined to form the
commencement of a new and important epoch in obstetric practice. This is of special importance with regard to the Boston controversy as to priority. Secondly, it was the text for a series of valuable articles on "Turning as an Alternative to Craniotomy," which were published in the Monthly Journal of Medical Science, and subsequently took the form of an essay which he distributed to his students. Thirdly, it is of special interest to me, as with Simpson's sanction the patient left her bed, dressed, and walked into the next room on the 4th day, in spite of which she made a recovery which was uninterruptedly good and rapid.

The author seems to have been led to the adoption of turning by noticing the apparent ease with which cases where the breech presented were delivered, where previously there had been much difficulty with vertex presentations. The essay is brimful of interesting and valuable suggestions, amongst which are the mechanism of labour of the aftercoming head in a flat pelvis as taught in the present day; the increased dangers to the mother closely corresponding to the duration of labour after twelve hours; and the value of auscultation during labour as an indication for interference.

At the subsequent meeting he read a paper on the "Inhalation of Ether in the Practice of Midwifery," and related a case of the inhalation of laudanum which was successfully used for the inhibition of persistent vomiting of pregnancy. From these it is evident the subject of anaesthesia during labour was engrossing his attention, and leading to the magnificent discovery of chloroform, which has established his name throughout the civilised world as one of the greatest benefactors of the human race.

Curiously enough the first mention of chloroform, so far as the Society is concerned, is more or less of an aside, when it was said (in 1849) to have been administered in a case of puerperal convulsions. The original communication on this all-
important subject of chloroform anaesthesia was read before the Medico-Chirurgical Society, 10th November 1847, entitled “A New Respirable Anaesthesia.”

On the same evening (29th January 1847) that he related his case of turning under ether he delivered a most interesting communication on “Gutta-Percha for Obstetric Instruments,” in which he showed its value as a readily adaptable substance for the use of pessaries, and amongst its other benefits mentioned the readiness with which it was procurable by medical practitioners in an emergency, as they could, by soaking their walking sticks in boiling water, at once acquire sufficient material for such obstetric purposes.

A long and inspiring series of articles on “Fibroid Tumours of the Uterus” were read during the May meetings of 1847, where he heralds the teaching of modern times by decrying the induction of abortion when these growths complicate pregnancy, and forestalls Apostoli by suggesting the galvanic current to promote atrophy and calcification.

The following month we find a learned dissertation from his pen on the association of albuminuria during pregnancy with disease of the kidney, in which he shows that when convulsions supervene there is a marked diminution in the quantity of urine passed and the amount of urea it contains, while at the same time he dilates on their frequency in primipara as compared with multipara, and states the tendency to complete cure of the kidney lesion.

In this connection, in a subsequent paper in May 1854, he discusses the advisability of inducing labour in cases of severe albuminuria, and proposes the method of induction by passing the sound between the membrane and uterine wall, in a manner similar to the now universally adopted Krause’s method. This latter means Simpson strongly advocated in a later exhaustive dissertation on the induction of labour (May 1860).

At the discussion on the paper it is interesting to note that
Dr Keiller reminded the Society of what he had before suggested as regards the value of elastic bags introduced into the uterus and filled with air; these were later filled with water, and widely known as Barnes's hydrostatic dilators.

A series of articles follow on "Puerperal Complications," the most valuable of which is published in the *Edinburgh Monthly Journal of Medical Science*, July 1851, under the title of "Communicability of Puerperal Fever." In this he lays special stress on the disease being acquired in the majority of instances not by direct infection from one to another, but by the aid of a third party, doctor or nurse, who infects the parturient canal by their fingers.

The infective material he suggests may be derived from—(1) Touching the bodies of patients who died of puerperal fever. (2) From touching the bodies of living patients who are suffering from fever. (3) From the inflammatory secretions of other inflammatory diseases not puerperal. At the same time he points out fever may be occasionally acquired by the inhalation of morbid effluvia through the lungs, from direct contact with typhus and other specific fevers; by the same means it may be inhaled from the clothes of practitioners who had been in direct contact with these cases; and lastly, very occasionally sporadic cases may be met with traceable to no contagion, but due to morbid actions going on in the constitution due to morbific agencies acting upon the patient, specially during or after delivery. It is interesting to note that he himself disinfected his hands with cyanide of potassium.

Amongst innumerable able and valuable communications which followed, and which time alone prevents me mentioning, there are, from a present-day aspect, two of outstanding interest, viz.—(1) his views on the use of forceps, and (2) his attitude towards the operation of ovariotomy.

In the former he strongly deprecates the practice of the Dublin school, as represented by the statistics of Collins, as
stated by Clark, the then master of the Rotunda, who seemed to regard forceps in the light of an extractor in embryolecia.

At the same time Simpson laid down the principle of the teaching of the Edinburgh school, viz., that it was the delayed use of the forceps, not their ready use, in which their supposed danger lay. Since the evolution of the axis traction instrument this reasoning seems to be more forcible than ever, and I trust it will long continue one of the outstanding features of the teaching of our school. Like the use of the sound, the practice has been within late years strenuously attacked. But there is no gainsaying the fact that the cultured ready use of forceps and chloroform is an eminently safe means of diminishing much unnecessary suffering, and may legitimately be considered one of the principles of Edinburgh teaching, of which we well may be proud.

As regards ovariotomy, Simpson, though not a frequent operator himself, was its greatest champion against the leading surgeons of the day, such as Syme and Spence. In 1845 he strongly urged the necessity of its performance, and decried the palliative procedure of tapping. As showing his practical ability, it is interesting to note that to avoid the irritation of the ligature preventing the closure of the abdominal wound, he suggested that it be pulled through the posterior fornix vaginae. Had it not been for his strong arguments in favour of the operation against popular prejudice, we probably would never have had the grand pioneer work of Thomas Keith, with whom he was intimately associated.

Although having but touched on the fringe of the immense amount of valuable work which Simpson has made public through our Society, sufficient has been said to impress us with the magnitude of his powers and the extraordinary fertility of his brain. To think of the science of obstetrics and gynaecology without Simpson is equivalent to Hamlet without the prince.
Upon almost every leading subject he has permanently left his impress, and we may well be proud that it was through this Society that his indelible imprints were chiefly made. Though perhaps the leading subject of his attention, obstetrics by no means alone claimed his thoughts, as the Transactions of the Medico-Chirurgical Society fully testify. The discovery of chloroform, which has made him immortal, however, may be said to have been engendered by his sympathetic feeling for the parturient woman in the agonies of labour.

All his efforts seem to have been concentrated on the attempt to diminish suffering. His heart was larger even than his brain, and his generosity knew no bounds. A lady now alive, then in straitened circumstances, tells me his prescription to her was a cheque for £10 with a signetur to take three weeks at the seaside. Wealth or fame had for him no attractions. Interest in his work was his one absorbing theme. A freak in the Cowgate would attract him from a houseful of patients, among them the elite of Great Britain. As was to be expected, he had the eccentricities of genius, which by his opponents were misconstrued as the attributes of quackery.

His influence on the medical school was remarkable, and to-day Edinburgh owes its high position in obstetric circles very greatly to his teaching. Ever ready to help and stimulate younger workers, and to give praise where it was due, he collected round him a number of men who, like himself, though in a minor degree, have made history in the departments of obstetrics and gynaecology.

His never-failing courtesy and kindliness, quite apart from his profession, can never fade from the memory of those who knew him. The nobility of a character which was ever ready to give the finest products of its genius to assist a deserving cause, and always the first to recognise and applaud the work of others, was associated with an irresistible charm of manner. He was one of those peerless men whose genius was never
spoiled by success, and whose work, in directness and sincerity, decorates one of the finest pages in the history of medicine.

To anyone it would be a pleasure, sitting as I do in the chair he so long adorned, to have the duty of recounting his presence in this the centenary of his birth. To me, personally, it is the opportunity of my lifetime. As one of the last, if not the last patient he attended, though of tender years, I can with pride clearly recall the magnetic influence of the man. The short burly figure, the large head with long unkempt hair, the strong face, the musical voice, and those sympathetic eyes which fascinated the highest and the lowest of the land, are to me as of yesterday. The eagerness with which I looked forward to the almost daily visits, which for weeks on end he paid, is an everlasting memory. The debt of gratitude I owe him I can never repay. To have thus had the honour of feebly recalling his memory must suffice.

Before leaving this subject I should like to ask what has been done and what is being done to honour his name? As tangible proofs of his existence we have a bronze statue in the Gardens and an obsolete Maternity Hospital which is a disgrace to his name and to the obstetric school of which he is the figurehead. Is not this a fitting occasion to raise a hospital more befitting to the man? Surely even in these days of financial oppression it might be hailed as an opportunity for a grateful public to testify their gratitude to their benefactor, in a manner similar to that in which he spent his life, by helping suffering women, and erect a suitable Maternity Hospital. A penny from each person who had directly benefited from the use of chloroform would build a hospital finer than any in the world. It seems to me there can be none more fitting to take the initiative in the movement than our Society, in whose precincts so much of his work was unfolded, and who at the same time have the progress of obstetrics so thoroughly at heart.
Though the death-roll in our Society has not been large during my term of office, it contains the names of two of our late secretaries—George Keith and James Andrew.

Dr Keith's association with the Society is ancient history. He joined in 1845, and was secretary from 1847 to 1849. In his early days it would seem as if he gave promise of doing good work in obstetrics, and he was closely connected with Simpson as his assistant and colleague. Perhaps the most striking episode in his career was his intimate association with the discovery of chloroform, for he was one of the few who were found under the table on its initial exhibition.

His curious bent of mind, unfortunately, turned his talents into other channels. His advocacy and practice of the "simple life" showed much force of character, which one cannot help thinking might have been directed with greater benefit to mankind in the sphere of obstetrics than in the doctrines of water, starvation, and earth closets.

He was an attractive personality, and for many years enjoyed a large family practice, from which he retired twenty-five years ago. He was the elder brother of the great Thomas Keith, to whom we gynaecologists owe so much.

James Andrew was secretary from 1871 to 1875, but since his resignation had taken no prominent part in the proceedings, his attention being mainly devoted to the kindred branch of diseases of children. As President of the College of Physicians he attained high distinction. Many here will remember his genial portly presence, and I know I am expressing the general feeling when I say it is with much sorrow we realise he is with us no more.

To reflect on the work done by the Fellows during my presidency is most gratifying, and shows the Society to be as active as at any time of its career.

To enumerate the papers is superfluous, to individualise
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would be invidious. Both from a scientific and practical aspect we have ample evidence of energetic and enthusiastic workers, whose efforts have attained a high level, and give promise of maintaining the Society in the prominent position it has so long held.

It is to be regretted that no discussion on a subject of practical interest has been held, as also that general practitioners are so diffident in bringing forward cases which would lead to general discussion. These delinquencies, I trust, may be remedied in the near future.

In conclusion, I should like again to thank the Fellows of the Society in general for the high honour they have done me, and the secretaries in particular, for lightening the heavy responsibilities of the chair, the vacation of which is associated with but one pleasure, viz., that it is to be occupied by my friend and colleague, Dr Haig Ferguson, whom, in your name, I heartily welcome.

Dr A. H. F. Barbour expressed the thanks of the Society to the retiring President, Dr Haultain, for his admirable address. Valedictory addresses were apt to be very prosaic and uninteresting, being simply a record of the Society's work in detail; but Dr Haultain had shown that he had the power of selecting a suitable subject and of lucidly stating what he had to say; this, together with his distinctive style and the personal touch which he had added, combined to make his address most interesting. He had brought out in a special way the work and characteristics of one of the most distinguished members of the Society; Sir James Simpson had been brought before them in such a way that they almost felt he was occupying the chair, and that they were again listening to one of his contributions.

Dr J. W. Ballantyne, in seconding the vote of thanks, said he thought the retiring President's address was a notable
addition to the literature of the centenary of Sir James Simpson.

Dr Haig Ferguson, on taking the chair, said how highly honoured he felt to be the President of the Society, and although quite inadequate for such a post, he felt encouraged by their indulgence and support to undertake the responsibility.

VI. Dr J. W. Ballantyne showed—Placenta showing bifurcation of umbilical cord. The specimen was a very unusual one; he did not remember to have seen it figured in any of the books—bifurcation of the cord into the surface of the placenta. Contrary to expectation, the placenta was normally formed.

Another interesting point about the case was that the mother presented a very unusual complication in pregnancy, namely, a congenital heart. A murmur could be heard all over the chest, back and front; she probably had a patent foramen ovale, and a patent ductus arteriosus, and also a pulmonary stenosis; but, notwithstanding, she had lived till the age of 25 and had a child without any great trouble. She was much cyanosed, but got through all right. The child did not show any evidence of congenital heart; there was no malformation. The case was interesting because of the fact that with a congenital heart so marked the patient could live so long and give birth quite naturally to a living, healthy child.

VII. Dr Haig Ferguson showed—(a) Ruptured uterus removed by vaginal hysterectomy. The patient, Mrs A., æt. 31 years, had been married for sixteen months. There had been no previous pregnancy.

History—Previous Health.—Good; no serious illness at any time. Periods regular, five day duration, twenty-eight day type. No intermenstrual discharge.

Present Health.—Patient menstruated last on 17th June