**An account of seventy-six consecutive cases of abdominal section : (performed between December 23, 1879 and November 1, 1880) / [R.L. Tait].**

# AN ACCOUNT

OF

# SEVENTY-SIX CONSECUTIVE CASES

OF

# ABDOMINAL SECTION,

(PERFORMED BETWEEN DECEMBER 23, 1879, & NOVEMBER 1, 1880.)

BY

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*(Read before the Birmingham and Midland Branch of the British Medical Association, November 11th, 1880.)*

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BIRMINGHAM:
PRINTED BY JOSIAH ALLEN, 74, SUFFOLK STREET.

## ANALYSIS OF THE SERIES.

| | Cases. | Deaths. |
|---|---|---|
| Ovariotomy | 51 | 2 |
| Parovarian Cysts | 2 | 0 |
| Extra-uterine Pregnancy | 2 | 1 |
| Hysterotomy | 2 | 1 |
| Exploratory Incision | 9 | 0 |
| Incomplete Operation | 3 | 1 |
| Suppurating Hæmatocele | 4 | 0 |
| Nephrotomy | 1 | 0 |
| Hepatotomy | 1 | 0 |
| Artificial Anus | 1 | 0 |
| | 76 | 5 |

During the last six or eight years Dr. Keith, of Edinburgh, has shewn us that the principle of the intra-peritoneal method of dealing with the pedicles of ovarian tumours, as laid down originally by Baker Brown, gives such results as brings down the normal mortality of these operations to something like seven per cent. Not only this, but the success attending the practice of certain operations has incited some of us engaged in the special practice of abdominal surgery to efforts which constitute a wholly new departure in this province of our profession. As long as the clamp continued to give its mortality of twenty to thirty per cent. no progress was possible, but it was impossible that the increased success following Dr. Keith's example should fail to lead to the opening up of new fields of venture.

This has in its turn led to various novelties in nomenclature as well as in practice, and now we must reconsider entirely our method of publication. When Mr. Spencer Wells began to practise the removal of ovarian tumours he adopted a certain plan of tabular statement of his cases which was of great service, and it has been retained more or less by those who have followed him, and there can be no doubt that this method did much to establish public confidence in the operation.

Mr. Wells' tables contain, however, some details which may now be quite dispensed with as wholly unnecessary to the discussion of the various questions which have still to be settled concerning the operation. Thus the columns for adhesions, method of treatment for the pedicle, weight of tumour, and length of incision are all needless. Adhesions, in my own experience, merely influence the time occupied by the operation, but not at all its results; and I am quite sure the length of the incision has not the slightest influence whatever on the recovery of the patient, though it may be important in the weakness of the abdominal wall consequent on a long incision. I do not suppose any one will ever again use anything but an intra-peritoneal method for the treatment of the pedicle of an ovarian tumour; and of the two methods now employed, no one can

claim advantage for either, and I propose to discontinue the column because I use no other method but that of the silk ligature in the form of the Staffordshire knot. Finally the weight of the tumour is a wholly useless record.

There are certain columns which I propose to add to the tables I shall in future employ which will indicate the nature of the disease for which the operation is performed and the kind of the operation sufficiently to enable any investigator to classify any cases as he sees fit. This is wanting in Mr. WELLS' method of tabulation; as for instance, in the case of parovarian tumours, for I do not see any clue to the number of those which have occurred in Mr. WELLS' practice. Yet the disease is wholly different from cystoma of the ovary, and an operation undertaken for it should not be classed as an ovariotomy, though we have all, up to the present, been making this mistake. Nay more, we have all been committing a much more serious blunder. Along with the parovarian cyst we have been removing a healthy ovary and Fallopian tube, though in very many, perhaps in most cases they might have been spared with advantage. At page 431 of his book on *Diseases of the Ovaries* Mr. WELLS says, "I am of opinion that a healthy ovary should not be removed from any woman at any age." Yet I have seen two such removed (not by Mr. WELLS) in the same afternoon at the Samaritan Hospital, along with simple parovarian cysts from which I think they might have easily been separated and left.

Finally, the plan of table I propose for the future to employ will include in it all the abdominal operations I perform ranged in strict order of date, and this will supply a very important piece of information too generally omitted, the number of exploratory and incomplete operations in proportion to the completed cases. For these and other reasons therefore I shall for the future publish my tables for periods of time and not for number of cases, and shall include in them everything of the nature of an abdominal section which I perform; and in this way a much more interesting historical record of personal experience will be given than can be secured in any other way, and

it may be of value in pointing out, as time goes on, how one advance leads on to another.

Besides this change I find forced on me the introduction of another in the application of the word "ovariotomy" in a wider sense than it has yet been employed. Up to the present the word has been used for the operation of removing an ovary enlarged by cystic or other form of morbid change, and for the removal of parovarian cysts when the ovary itself ought generally to be untouched. To an operation which in all its details is essentially the same, efforts have been made to apply two names. The first, that of "Battey's operation," is a mistake, for if the operation is anybody's by name, it belongs to Hegar of Fribourg im Breisgau; and moreover, the proposal of ever attaching any personal name to a surgical operation leads only to squabbling and confusion. The other name, "oophorectomy," is equally objectionable as being unnecessary and pedantic, as meaning no more than ovariotomy but exactly the same thing; and further, it opens the way to difficulties of classification which will bring about interminable confusion.

Professor Hegar has already found and pointed out this latter difficulty, and as a result of it he has had to determine a size of ovary beyond which, when the organ is removed, the operation shall be called an *ovariotomy*, and when the size is below that standard the proceeding shall rank as an *oophorectomy*. This plan of course carries absurdity on the face of it, and after trying to follow it I have abandoned it, and henceforward I shall call every operation for the removal of an ovary an *ovariotomy*, and I shall specify the disease for which the operation was performed.

The advantage of this will be seen when I come to speak of the removal of ovaries for the arrest of the progress of myomata. In such cases it is quite the exception to find the ovaries normal. They are nearly always cystic, so that it is sometimes quite impossible to say whether cystoma or myoma is the more prominent character of the case. Upon this subject I shall speak more fully later on.

| No. | Residence. | Medical Attendant. | Age. | M. or S. | Disease. | Operation. | Date. | Hos. | P. | R. | D. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Sutton . . | Dr. Thompson . | 26 | S | Cystoma . . . | Both ovs. removed . | 23 xii, 1879 | | P. | R. | |
| 2 | Leamington . | Dr. Tomkins . . | 29 | M | Cirrhosis of ov. . | Both ovs. removed . | 3 i 1880 | H. | | R. | |
| 3 | Walsall . . | Dr. Gordon . . . | 28 | M | Sup. hæmat. . . | Opened and drained | 3 i ,, | H. | | R. | |
| 4 | Walsall . . | Mr. John Clay . . | 34 | M | Myoma . . . | Removed both ovs. . | 13 i ,, | H. | | R. | |
| 5 | Southport . . | Dr. Elias . . . | 48 | S | Myoma . . . | Removed both ovs. . | 17 i ,, | H. | | R. | |
| 6 | Cannock . . | Dr. Blackford . . | 29 | M | Sup. hæmat. . | Opened and drained | 21 i ,, | | P. | R. | |
| 7 | Kidderminster | Dr. Spofforth . . | 15 | S | Parov. cyst. . . | Removed . . . . | 24 i ,, | H. | | R. | |
| 8 | Birmingham . | Dr. Badger . . . | 48 | M | Parov. cyst. . . | Removed . . . . | 27 i ,, | H. | | R. | |
| 9 | Southam . . | Mr. Walter Lattey | 33 | M | Ext. ut. preg. . | Removed . . . . | 1 ii ,, | H. | | | D. |
| 10 | West Bromwich | Dr. Sansome . . | 22 | M | Chronic ovaritis . | Removed both ovs. . | 9 ii ,, | | P. | R. | |
| 11 | Hereford . . | Dr. Turner . . . | 36 | M | Cystoma . . . | Removed both ovs. . | 13 ii ,, | H. | | R. | |
| 12 | Northampton . | Dr. Graily Hewitt | 36 | S | Chronic ovaritis . | Removed both ovs. . | 26 ii ,, | | P. | R. | |
| 13 | Birmingham . | Dr. Hickinbotham | 20 | S | Cyst. of kidney . | Opened and drained | 5 iii ,, | H. | | R. | |
| 14 | Southwell . . | Mr. Calvert . . | 52 | S | Myoma . . . | Removed both ovs. . | 10 iii ,, | | P. | R. | |
| 15 | Uttoxeter . . | Dr. Tylecote . . | 45 | M | Cystic kidney . | Exploratory . . . | 13 iii ,, | H. | | R. | |
| 16 | Birmingham . | Mr. Ross Jordan . | 37 | M | Cirrhosis of ov. . | Removed both ovs. . | 18 iii ,, | H. | | R. | |
| 17 | Birmingham . | Mr. Fairley . . . | 15 | S | Parov. cyst. . . | Removed . . . . | 1 iv ,, | H. | | R. | |
| 18 | Birmingham . | L. T. . . . . | 37 | M | Hydrosalpinx . | Opened and drained | 3 iv ,, | H. | | R. | |
| 19 | Leicester . . | Dr. Clifton . . . | 42 | S | Cystoma . . . | Removed both ovs. . | 7 iv ,, | | P. | R. | |
| 20 | Birmingham . | Mr. Crompton . . | 33 | M | Chronic ovaritis . | Removed both ovs. . | 9 iv ,, | | P. | R. | |
| 21 | Birmingham . | Mr. T. Green . . | 17 | S | Mens. epilep. man. | Removed both ovs. . | 9 iv ,, | H. | | R. | |
| 22 | Birmingham . | Mr. Hallwright . | 53 | S | Malig. obs. bowels | Artificial anus . . | 10 iv ,, | H. | | R. | |
| 23 | Chasetown . . | Dr. Clarke . . . | 39 | M | Myoma . . . | Removed both ovs. . | 22 iv ,, | H. | | R. | |
| 24 | Birmingham . | Mr. Clay . . . | 23 | M | Cirrhosis of ov. . | Removed both ovs. . | 23 iv ,, | H. | | R. | |
| 25 | Birmingham . | Mr. Brown . . . | 47 | M | Cancer of ovary. | Exploratory . . . | 27 iv ,, | H. | | R. | |
| 26 | Portmadoc . . | Dr. Roberts . . | 28 | W | Cystoma . . . | Removed right ov. . | 3 v ,, | H. | | R. | |
| 27 | Birmingham . | Dr. W. Thomas . | 52 | M | Myxoma of cœcum | Exploratory . . . | 5 v ,, | | P. | R. | |
| 28 | Solihull . . | Dr. Insull . . . | 46 | S | Myoma . . . | Removed both ovs. . | 8 v ,, | H. | | R. | |
| 29 | Rugby . . . | Dr. McKenzie . . | 46 | M | Myoma and cyst. | Incomplete . . . | 11 v ,, | H. | | | D. |
| 30 | Birmingham . | Dr. Gibbs Blake . | 40 | W | Cystoma . . . | Removed left ov. . | 7 vi ,, | | P. | R. | |
| 31 | Kidderminster | Dr. Langford . . | 33 | M | Cystoma . . . | Removed right ov. . | 8 vi ,, | H. | | R. | |
| 32 | Walsall . . . | Dr. Pattie . . . | 37 | M | Malig. cystoma . | Incomplete . . . | 12 vi ,, | H. | | R. | |
| 33 | Birmingham . | Dr. Maberley . . | 23 | M | Cystoma . . . | Removed left ov. . | 18 vi ,, | H. | | R. | |
| 34 | Dudley . . . | Dr. Allen . . . | 24 | M | Tumour of kidney | Exploratory . . . | 25 vi ,, | H. | | R. | |
| 35 | Wolverhampton | Dr. Lycett . . . | 37 | M | Abcess of ov. . | Removed both ovs. . | 28 vi ,, | | P. | R. | |
| 36 | Liverpool . . | Dr. Wigglesworth | 40 | M | Ext. ut. preg. . | Removed . . . . | 30 vi ,, | H. | | R. | |
| 37 | Birmingham . | L. T. . . . . | 28 | M | Sup. hæmat. . | Opened and drained | 5 vii ,, | H. | | R. | |

| No. | Residence. | Medical Attendant. | Age. | M. or S. | Disease. | Operation. | Date. | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 39 | Birmingham . | Dr. Drummond . | 27 | W | Sup. hæmat. . | Opened and drained | 10 vii | ,, | H. | | R. | |
| 40 | Birmingham . | Dr. Hickinbotham | 49 | M | Cystoma . . . | Removed right ov. . | 12 vii | ,, | H. | | R. | |
| 41 | Birmingham . | Dr. Hoare . . . | 12 | S | Chr. peritonitis . | Cavity cleaned . . | 14 vii | ,, | H. | | R. | |
| 42 | Northampton . | Dr. Fowler . . . | 24 | S | Cystoma . . . | Both ovs. removed . | 18 vii | ,, | | P. | R. | |
| 43 | Dolyddellan . | Dr. Roberts . . | 47 | M | Cystoma . . . | Both ovs. removed . | 19 vii | ,, | H. | | R. | |
| 44 | Harborne . . | Dr. Lee Strathy . | 43 | M | Malig. sarcoma . | Exploratory . . . | 29 vii | ,, | H. | | R. | |
| 45 | Hanley . . . | Dr. C. H. Phillips | 37 | M | Cysts of fallop. tu. | Tubes and ovs. rem. | 3 viii | ,, | | P. | R. | |
| 46 | Derby . . . | Dr. Carter Wigg . | 59 | M | Cystoma . . . | Both ovs. removed . | 3 viii | ,, | H. | | R. | |
| 47 | Macclesfield . | Dr. Maury Deas . | 44 | S | Cystoma . . . | Left ov. removed . | 4 vii | ,, | | P. | R. | |
| 48 | Malvern . . | Dr. Pike . . . | 29 | M | Cystoma . . . | Both ovs. removed . | 6 viii | ,, | | P. | R. | |
| 49 | Leamington . | Dr. Thursfield . . | 31 | S | Cirrhosis of ov. . | Both ovs. removed . | 7 viii | ,, | H. | | R. | |
| 50 | Cheltenham . | Dr. Cottle . . . | 47 | M | Malig. sarcoma . | Exploratory . . . | 9 viii | ,, | | P. | R. | |
| 51 | Wednesbury . | Dr. Sutton . . . | 28 | M | Cirrhosis of ov. . | Removed both ovs. . | 16 viii | ,, | H. | | R. | |
| 52 | Malvern . . | Dr. Thelwell Pike | 37 | S | Hydatids of liver | Opened and drained | 16 viii | ,, | | P. | R. | |
| 53 | Birmingham . | Dr. Drummond . | 49 | M | Myoma . . . | Removed both ovs. . | 17 viii | ,, | H. | | R. | |
| 54 | Penkridge . . | Dr. Boldero . . | 30 | S | Congenital defect | Removed both ovs. . | 20 viii | ,, | H. | | R. | |
| 55 | Heckmondwike | Dr. Sykes . . . | 41 | M | Cystoma . . . | Removed left ov. . | 22 viii | ,, | | P. | R. | |
| 56 | Wolverhampton | Dr. Bunch . . . | 62 | S | Myoma . . . | Hysterotomy . . . | 25 viii | ,, | H. | | | D. |
| 57 | Penkridge . . | Dr. Love . . . | 17 | S | Cystoma . . . | Removed right ov. . | 1 ix | ,, | | P. | R. | |
| 58 | Wakefield . . | Dr. Statter . . | 33 | M | Malig. sarcoma . | Exploratory . . . | 1 ix | ,, | | P. | R. | |
| 59 | Coventry . . | Dr. Fenton . . . | 47 | M | Myoma . . . | Both ovs. removed . | 1 ix | ,, | H. | | R. | |
| 60 | Stourbridge . | Dr.HammondSmith | 50 | S | Cystoma . . . | Both ovs. removed . | 2 ix | ,, | | P. | R. | |
| 61 | Birmingham . | Dr. King . . . | 17 | S | Pelvic abscess . | Opened and drained | 3 ix | ,, | H. | | R. | |
| 62 | Derby . . . | Dr. Rice . . . | 35 | M | Malig. cystoma . | Removed right ov. . | 4 ix | ,, | | P. | | D. |
| 63 | Glasgow . . | Dr. Bruce . . . | 41 | S | Myoma . . . | Hysterotomy . . . | 8 ix | ,, | | P. | R. | |
| 64 | Chasetown . | Dr. Horton . . . | 39 | M | Cystoma . . . | Removed both ovs. . | 10 ix | ,, | H. | | R. | |
| 65 | Wolverhampton | Dr. Scott . . . | 22 | M | Cystoma . . . | Removed both ovs. . | 15 ix | ,, | H. | | R. | |
| 66 | Leicester . . | Dr. Connor . . | 38 | M | Cancer of liver . | Exploratory . . . | 18 ix | ,, | | P. | R. | |
| 67 | Birmingham . | L. T. . . . . | 20 | S | Cystoma . . . | Incomplete removal | 21 ix | ,, | H. | | R. | |
| 68 | Birmingham . | L. T. . . . . | 28 | M | Cysts of fallop. tu. | Removed both tubes | 24 ix | ,, | H. | | R. | |
| 69 | Birmingham . | Dr. Hoare . . . | 14 | S | Malig. cystoma . | Removed right ov. . | 28 ix | ,, | H. | | R. | |
| 70 | Birmingham . | Dr. Hoare . . . | 32 | M | Cysts of fallop. tu. | Removed both tubes | 5 x | ,, | H. | | R. | |
| 71 | Birmingham . | Dr. Drummond . | 48 | M | Parov. cyst . . | Removed cyst . . | 6 x | ,, | H. | | R. | |
| 72 | Dudley . . . | Dr. Bradley . . | 30 | S | Cirrhosis of ov. . | Removed both ovs. . | 6 x | ,, | | P. | R. | |
| 73 | Sutton . . . | L. T. . . . . | 23 | S | Menstrual epilep. | Removed both ovs. . | 12 x | ,, | H. | | R. | |
| 74 | Feckenham . | Dr. Leacroft . . | 74 | M | Cystoma . . . | Right ov. removed . | 20 x | ,, | H. | | | D. |
| 75 | Bloxwich . . | Dr. Somerville . | 35 | M | Myoma . . . | Removed both ovs. . | 26 x | ,, | | P. | R. | |
| 76 | Malvern . . | Dr. Weir . . . | 64 | W | Cystoma . . . | Removed left ov. . | 1 xi | ,, | | P. | R. | |

An analysis of the table of the seventy-six cases shews the following amongst other results. That of seventy-six abdominal sections there have been only five deaths, and this notwithstanding the fact the so-called "Antiseptic System" of Lister has not been followed. Twenty-six of the operations with one death have been performed in private practice, and fifty operations with four deaths in hospital practice. Forty-nine of the operations were ovariotomies, that is where one or both ovaries were removed, including two cases of parovarian cyst where I removed the ovary inadvertently. There have been two cases besides where I have been able to leave the ovary with the tube. In these fifty-one cases there have been two deaths, both deaths being due solely to the fact that the patients had reached the extreme of exhaustion before the operation was performed. The first (62) had been tapped a very large number of times, and when I first saw her the left leg and thigh were enormously distended by venous occlusion. The operation presented no special difficulty, but the peritoneum and tumour were found to be studded with nodules of cancer. She went on without a bad symptom till the morning of the third day, when she was seized with a fit of coughing and died before the nurse could reach her from the far end of the room. The cause of death was pulmonary embolism.

The second (74) was an old woman of seventy-four, who was found to be in a condition of senile dementia when admitted to the hospital, this having developed itself during the journey from her home. She had an enormous tumour, had been tapped a great many times, was in an extremely feeble condition, and I should have declined to perform an operation but for the strongly expressed desire of the patient and her husband that it should be undertaken. Had I considered my statistics I should not have operated; but I never have refused a case on that ground, and I do not intend to begin such a practice now. The question of the anæsthetic to be used in such a case was most carefully considered, and bichloride of methylene was selected on account of the known risk of bronchitis from ether

in old people. This is the only occasion in which I have used this anæsthetic, and I do not think I shall try it again. The operation presented no unusual difficulty save an adhesion of old standing to the right abdominal wall, and the bleeding from it was trifling and gave no trouble. About the middle of the operation it became evident that something had gone wrong with the patient. She became blue, the face got very cold, the breathing stertorous, the pulse irregular and the pupils extremely dilated; and at one time my colleague, Dr. HICKINBOTHAM, who was giving the anæsthetic, thought she was going to die. When the operation was concluded I expressed the opinion that something had gone wrong in the brain, probably of an apopletic character. Her condition did not vary in any way till she died, about four hours after the operation; she never became conscious, and a nurse had to stay by her and keep her mouth open to enable her to breathe at all. Dr. SAUNDBY made a *post-mortem*, and found some bloody serum in the abdomen and an extreme effusion of serum into the ventricle and tissue of the brain, and the kidneys granular. My own opinion of the case is, that it was one of the so-called cases of serous apoplexy, induced by the anæsthetic.

On this point Dr. SAUNDBY writes, "There can be no doubt that such cases as your last were those which gave rise to the old belief in serous apoplexy. They are always, in my experience, associated with granular kidneys. Of course the serous effusion was not a recent affair, but was a condition which placed the brain in such unstable equilibrium that the shock of the operation, combined possibly with the depressing influence of the anæsthetic, caused death from coma."

My own conclusion from the case is, that I shall in all future cases employ ether. No anæsthetic is absolutely safe, but it is unquestionably the safest. I further would remark from these two cases that if ovarian tumours were never tapped operations for their removal would be almost uniformly successful.

There were nine simple exploratory incisions, six of them being cases where the tumour turned out to be of a malignant

character, this being suspected to be the case in five out of the six, but in all of them there was sufficient doubt to warrant the exploration. In the sixth case I made a curious mistake, from which I learned a good deal. The physical signs were all those of ovarian tumour, but it turned out to be a huge pedunculated mass of cancer growing from the liver. I never doubted my diagnosis, and was much amazed when I got inside. Two of the remaining exploratory incisions were tumours of the kidney, the diagnosis having been clearly made before the operation, but in both cases the extreme mobility of the tumours gave rise to the belief that they were removable, though they both proved not to be. The ninth case was a case of extreme dysmenorrhœa due to chronic ovaritis and cirrhosis in which the ovaries were so adherent to intestine that they could not be removed. The patient, at the solicitation of her friends, has never been told that nothing was done. She is quite in the belief that her ovaries were removed, and she suffers as much as ever—a striking commentary on a paragraph which appeared in one of our medical journals in which a severe case is said to have been treated by a sham ovariotomy, the incision being only skin deep, and yet the result was a perfect cure. All these cases of exploratory incision recovered from the operation, but three of the malignant cases have since died and the others are moribund.

Of the three incomplete operations, that is where besides the mere abdominal section I proceeded with a further operation, the first died. It was a case where, for a myoma of the uterus, I intended to remove the ovaries and found them cystic. I removed one I think pretty completely (the left), but the right I could not remove, and I greatly fear I injured a piece of intestine in my efforts to remove it. A *post-mortem* examination was not allowed, however, and therefore I do not know what the real condition was.

Incomplete operations are very fatal, and I have already, in my last paper, alluded to this fact. Against the one fatal case I have to set off two recoveries, one of which has resulted in a

complete cure. In this last instance I freely laid open two cysts and left them to drain into the peritoneum, and they seem entirely to have shrivelled and disappeared.

In this series I have performed hysterotomy twice. In the first case the pedicle was so tempting that I trusted it to a ligature, tied so securely that I thought hæmorrhage was an impossibility. In this I was wrong, for in the afternoon of the third day it became quite clear that hæmorrhage had come on. I opened the abdomen and found that the stump had shrunk, the ligatures were loosened, and that active hæmorrhage was going on. I removed a large quantity of blood from the cavity and tied the stump again, but she never rallied. This has occurred in all the cases, three in number, where I have used the ligature to a uterine stump, and I shall not trust it again. It seems wholly impossible to tighten a cord round uterine tissue so firmly as to be sure that when the œdema subsides the ligature will not loosen, and I have never had such an accident occur to an ovarian pedicle. The clamp therefore, and by preference the form of wire clamp which goes by my name, seems to be the only method by which we can safely secure a uterine pedicle. If this should continue to be the case we shall never get the same success in hysterotomy as we do in ovariotomy, but I think it possible we may succeed better with the cautery, or a combination of ligature and cautery; and this double method I am disposed to try, for it is secondary hæmorrhage and not primary which is the danger. The ligature arrests the vessels for the time, and I think the searing of the stump would prevent subsequent oozing. The second case of hysterotomy had the pedicle treated by my clamp, and made an uninterrupted recovery.

Of the seven abdominal sections performed for various purposes two were cases of extra-uterine pregnancy, of which one died and one recovered; and as the details of these have already been published I need not further allude to them save to say that the second case has gone home to Liverpool in perfect health. *(Obstetric Journal* and *Lancet.)*

One (13) was a case of a large cyst of the kidney which had no adhesion in the abdominal wall. I opened the abdomen in the middle line, opened and emptied the cyst, stitched the edges of the two openings together, and drained the cavity by means of a glass tube first, and subsequently by a wire tube. The operation was performed on March 5th, the last tube was removed on April 1st, on April 7th the sinus was quite healed, and the girl remains in perfect health.

Another case was operated upon for intestinal obstruction due to cancerous growth in the pelvis. Stercoraceous vomiting had been going on for eight days. She was completely relieved by the operation and recovered from it, but died in about five weeks from the progress of the cancer.

The fifth was the case of a child, aged twelve, suffering from an obscure abdominal swelling, which proved on section to be chronic peritonitis. I cleaned the cavity out as well as I could, and the child seems to be quite cured; for she is now, four months after the operation, in perfect health. This is the second case of the kind I have had, Dr. Savage has had another, and Mr. Wells also has placed one on record. As all have been successful, I think it would be well if the proceeding were given a more extended trial, and even acute cases might be included in the effort—at least, I shall try the next suitable case which comes under my notice.

The sixth was one in which I operated successfully for hydatids of the liver, cutting into the liver which was not adherent to the abdominal wall, removing about two gallons of hydatids and subsequently stitching the edges of the wound in the liver to those of the abdominal wall and draining the cavity. Recovery is now complete, and full details have been laid before the Royal Medico-Chirurgical Society.

The seventh was a case of retrocœcal abscess with the intestine in front. I opened the abdomen in the middle line as usual, and then with my fingers inside I guided my knife to the abscess without injury to the intestine, as I could have done in no other way. The girl made a complete and rapid recovery.

I have now to go back to my cases of ovariotomy, for a good deal remains to be said concerning the cases which recovered. In the first place two of them have since died of cancer, one uterine, and the other general, abdominal and visceral cancer. This latter was a wretched puny child, said to be fourteen, but looking more like eight years of age. She was sent to me by Dr. Hoare, of Aston, and was suffering from intestinal obstruction due apparently to a large ovarian tumour. There had been no passage of the bowels for a month, and there was persistent vomiting which had latterly taken on a suspiciously stercoraceous appearance. I performed immediate ovariotomy, encountering considerable difficulty from adhesions, but I did not observe at the operation, and I did not find afterwards in the tumour, the slightest evidence of papilloma. The child recovered rapidly and completely from the operation, the sickness stopped immediately and the bowels were moved, the wound healed, and everything went on well for about a fortnight, the temperature remaining normal. But the sickness again returned, and an indefinable something suggested to me that there was further mischief going on. I therefore asked Dr. Heslop to see her, but the only light he was able to cast on this case was that there was probably an onset of acute tubercle. In three weeks she died, and then Dr. Saundby found general cancer of the peritonæum and secondary deposits beginning in the viscera.

The other was a case where I removed two cystic ovaries for intractable hæmorrhage due to a myoma, or what at least had all the appearance of a myoma. The hæmorrhage was completely arrested for three months, when symptoms of uterine cancer appeared, and she died in about four months more. It is quite possible that in this case the tumour was malignant when I operated, but if so I do not see how the avoidance of an occasional mistake like this is to be secured, nor do I think that any harm will be done by its perpetration.

This brings me to speak of that group of ovariotomies which up to the present have gone by the name of oophorectomies, and, in America, "Battey's operation." I have now performed

operations, most of which might fall into this category, to the number of forty-one with only one death, and in all of them the results have been beneficial, in the immense majority I may say the results are brilliant. I have already published a detailed statement of twenty-six of them, including the one death, and this statement has given rise to a great deal of comment. The general question of this proceeding is far too wide for the present occasion, but there are some important points upon which I should like to dwell. As far as England is concerned the operation belongs essentially to this town. It was first performed here, in fact, it was performed here before it was performed in America, and in the hospital to which I am attached the principles on which it is based and the results desired from it were discussed years before Dr. Battey was heard of, and it only wanted the disuse of the clamp and the introduction of the ligature to give this operation the success it now has. As far as I know its application is limited to this town, for though two cases, I think, have been done in Edinburgh and some few in London, I may safely say it is not practised out of Birmingham.

When my first list was published the first comment made by some of our metropolitan brethren was that the statements were not true. Had they had the courage to say this in public the correction would have been easy and severe, but they contented themselves with whispering it about.

In last week's *British Medical Journal* there is an anonymous article in which my name occurs at the beginning, and a statement at the end which, if it means anything, means that this operation is liable to abuse, and that those who do it will be tempted either to operate for improper purposes or for the sake of getting a fee. Such a style of criticism is easy of answer when it comes from any one not concealed under the shelter of anonymous criticism, and it certainly forms a new departure in medical literature which I trust will come to a speedy conclusion. It is as cowardly as it is unscientific. To the first part of it I answer, as I have answered before, I don't

believe a woman lives who would submit to the risk of having her ovaries removed merely in order that she might become a sexual machine. The writer of this critique says it is an operation apparently with comparatively slight risk to life. This he says because he knows nothing about it. Excluding the united experience of my colleague Dr. SAVAGE and myself, now amounting to over sixty cases with one death, the mortality of the published cases is more than twenty-five per cent., so that no writer has the least excuse for making such a statement about it.

Hear what Professor SPIEGELBERG says about it, after a trial. He concludes, "Therefore, that in hæmorrhage for irremovable fibroids the risk attending 'oophorectomy' is so large in comparison with the uncertainty of the prospect of benefit, that the operation should only be undertaken in very exceptional circumstances." But of the present series I can point to ten cases where it was so undertaken without a single death, and where in all the recoveries complete results have been obtained, and which, so far, are permanent, except in the one case I have already detailed as having died from cancer. Is there a single important operation in surgery from which, during its infancy, such brilliant results have been obtained? Besides these cases I can point to eleven others where the difficulties and risks from adhesions and other complications have been equally great, and yet which have all recovered.

The second insinuation that unnecessary operations may be done for the sake of the fee has a double answer. First, that such an objection might be urged against all operations, in fact, against all medical practice. It is a most dangerous and foolish argument for any medical writer to raise. There are few operations which can be named which have not been performed occasionally when they have not been necessary by mistake of judgment, and this will continue as long as surgeons are human. Concerning even lithotomy, papers have been published "On Cutting for Stone and no Stone found." But that such a charge as that surgeons will perform operations which are not necessary for the sake of the fee to be obtained argues

badly for the tone of morality of the writer. Fortunately it is easily met by the facts of the case. In hospital practice, of course, there is no such temptation, and the patients are further protected by the custom of consultations amongst the staff. In private practice the patients must almost always be operated on by a specialist, and no operating surgeon ever should perform such an operation without full consultation with and the concurrence of the medical attendant; and I am perfectly certain that few patients, if any, would consent to an operation of any kind being performed without the consent of their family medical adviser.

The writer in the *British Medical Journal* further states that this operation will prove a lucrative field of practice, and that therefore it demands special carefulness. This again is the assumption of a person ignorant of the facts. It will always be chiefly a hospital operation, for the conditions which require it are those which can generally be obviated by the rest, attention, and luxury which are the property of those who can pay fees. For more than three-fourths of my cases I have not received any fee, and for the remainder I have had small nominal fees in seven cases, and only three fees of a remunerative amount. The total result is that no operations in my practice, except those for vesico-vaginal fistula, have been so unremunerative.

But leaving all this aside, and it really is hardly worth serious attention, let us discuss on purely scientific grounds the twenty-seven cases on my present list which might be classed under the head of "oophorectomies" by any one caring to continue the use of this word. At once I say that at least twelve, and perhaps fifteen cases, are out of court, for in all of them the ovaries were cystic, or varying in size from a pigeon's egg to a cocoa nut; and I do not know where to draw the line between a small cystic ovary and an ovarian tumour; and I do not care to follow Professor Hegar's example and make a conventional distinction.

Here I must mention one of the results of this new practice

in ovariotomy, that it has already opened out to me in several directions, wholly new fields of ovarian and uterine pathology. Not the least curious and important of these is the intimate relation between uterine myoma and cystic diseases of the ovary. I already see my way to the hypothesis, to be carefully examined by further experience, that uterine myoma is a disease, not of the uterus but of the ovaries, so frequently are these pathological changes found in the ovaries which are removed in cases of myoma. Most of them are cystic—not the large cystic ovaries known as ovarian tumours, but cystic nevertheless. If there is no connection between the condition of the ovary and the myoma, why is it that the hæmorrhage is invariably menstrual, that it ceases at the menopause, and that the tumour ceases to grow at that time, and that it diminishes when these diseased ovaries are removed? However, the answers to these questions would arouse a discussion for which I have just now too narrow a field and evidence not wholly conclusive. But of my list now before you ten cases were operated upon for the arrest of hæmorrhage due to the presence of uterine myoma, and the removal of the ovaries has arrested the hæmorrhage completely in all so far—in most of them immediately.

But besides these I have two most instructive cases where I operated for hæmorrhage where there was no myoma, but where there was this cystic disease of the ovaries; and these cases I propose to give you in detail.

In June last I was called by Dr. Collis, of Bridgnorth, to see with him, in consultation, a lady of very eminent social position, on account of persistent metrorrhagia. She was twenty-nine years of age. She had been married six years, and before that had suffered always more or less from a white discharge and irregular and profuse menstruation. Nine months after marriage she was confined of a still-born child, and nearly lost her life from hæmorrhage. Two years after she had another child, living, and in the following year another child, both labours being characterised by unusual hæmorrhage. In 1878 she had a miscarriage and was alarmingly ill from hæmorrhage.

In August, 1879, a third child was born about six weeks before the full time, when again the hæmorrhage was extreme.

Dr. Collis favours me with the following notes of the progress of this most interesting case. He saw her first on May 31st of this year, when he was informed that up to a fortnight before his visit she had missed three menstrual periods, but that during the fortnight there had been a continuous flow. Neither she nor her husband thought it possible that she was pregnant. They regarded it as her usual profuse and protracted menstruation; but on examination Dr. Collis found the uterus enlarged. He kept her in bed and gave her astringents, and afterwards ergot and bromide of potash. Finally he had to plug the vagina, and then he telegraphed for me to see her with him. I saw her on the evening of June 13th, and found the patient very anæmic and the uterus enlarged as if by a pregnancy of the third month. The cervix being closed it was clear that we must dilate, and for that purpose I introduced my instruments which act by continuous elastic pressure. In a few hours dilatation had proceeded so far that, after placing the patient under ether, I was able to empty the uterus of a large quantity of clot and some villous cysts. These, I presume, were remains of a chorion of which the villi had undergone cystic dilatation, but nothing in the shape of membranous or placental structure could be discovered. Recognising the urgent necessity of there being no more hæmorrhage, I took great pains to remove everything from the uterus, and I scraped the whole of the inner surface over with a curette. She had no further loss and made a good recovery till the 10th of July, when her period came on very profusely, lasted ten days, and left her very anæmic and exhausted. During the whole time she took large doses of bromide of potash and ergot, but with no apparent effect. Hæmorrhage again occurred on July the 29th, by which time she had been removed to Malvern, where she was under the care of Drs. Pike and Weir. The hæmorrhage was extreme, and everything was tried, including hypodermic injections of ergotin, without any avail. I was sent for

on August 3rd, and found the patient in the very last stage of anæmic exhaustion. I removed a plug which had been placed in the vagina, found the uterus perfectly small and normal, explored it with the alligator forceps but found nothing in it, and then I applied solid nitrate of silver freely to the inside. This stopped the hæmorrhage for about twenty hours, but after that it came on and I was sent for again on the 6th. At my visit on the 3rd I had informed the husband that if the nitrate of silver did not check the hæmorrhage I knew nothing short of a surgical operation which would, but I said nothing to him as to the nature of the operation I intended to perform. When telegraphed for on the 6th I replied that I should bring my assistant and everything prepared to operate if it was thought desirable, and for this purpose my friend Dr. J. W. Taylor accompanied me to Malvern in the absence of Mr. Raffles Harmar.

When I reached the house I met the husband, a man of distinguished position and great intelligence, at the door. He greeted me with the remark that he did not know what I proposed to do, that he left it entirely to me, but that he was perfectly sure the only thing which would give either temporary or permanent relief would be removal of the ovaries. As this was exactly my own notion, and was readily agreed to by my colleagues in the case, I at once proceeded to carry it out, my only fear being that we had delayed it too long. She was blanched beyond my powers of language to describe, and she had those swollen waxy lips which are rarely restored to their original condition. There was no difficulty in the operation, and both ovaries were found to be cystic and about the size of Mandarin oranges. The uterus was perfectly normal in size and consistence when I had it between my fingers. The incision was only two and a half inches long, and its bleeding points were indicated by a flow of serum almost devoid of colour. For about an hour after the operation I gave up almost all hope of her recovery. Dr. Pike and I were in almost constant attendance upon her for five days, during which she had some

ups and downs, but finally she got right and has never lost a drop of blood since. She has had the usual flushes and other slight indications of the climacteric, but these are wearing off; and in the last letter I have had from her husband, a few days ago, is the sentence, "It only remains for me to express our united gratitude for your skill and attention; for, humanly speaking, I shall always look upon you as her saviour."

Putting aside, as far as possible, all personal gratification at such an expression, I desire only to put in this evidence given by a highly-educated layman, fully conversant with his wife's condition and what was done for her, in favour of an operation upon which only those who have not successfully tried it are endeavouring to cast obloquy. The only credit in this case I desire to assume is, that I had the courage of my convictions, and that I proceeded, as a last resource, to a step which, if I had regard to metropolitan opinions, I should not have attempted. Had the case been unsuccessful, the position of the patient was such that the proceeding would have been widely, and I fear adversely, criticised.

The second case was, in some respects, more remarkable than the first, though it is not necessary to occupy so much space with its detail. She was thirty-nine years of age, had been married at fourteen years of age and was confined of her first child before she was sixteen, her second at seventeen, eight months after she had a miscarriage, and then for the next ten years had a baby every year. At each confinement the hæmorrhage was very great, and two or three times she was supposed to be dying from this cause. As she had no menstruation for twelve years, being either always pregnant or suckling, she could tell nothing about this matter until she became a widow at twenty-eight. She married again about four years ago, and during her widowhood her menstruation had been far too frequent and too profuse, and she had been almost constantly in the doctor's hands on that account. Since her recent marriage she has had eight miscarriages in forty months, the first being at seven months and the others between four and five.

She was admitted into the hospital in February last, when pregnant at the third month. She was put upon chlorate of potash and biniodide of mercury in order to avoid the repetition of the miscarriage, and she took every precaution to assist us in this, for both she and her husband were very anxious for a living child. In spite of everything, however, she miscarried at the fifth month, and as nearly as possible died from the hæmorrhage. During May, June, and July she had most profuse menstruation in spite of a great variety of treatment, and when admitted into hospital again she was a completely broken down anæmic woman, whose desire was to die if nothing more could be done for her. In this case it did not occur to me to remove the ovaries, and that proposal originated with my colleague, Dr. Hickinbotham, at the consultation held on the case. I am bound to say I did not regard the idea with favour at first, and it was only after prolonged discussion with my colleagues, and finally at the earnest and frequently repeated request of the patient herself, that I undertook it. This request was based on her knowledge derived from a patient in the same ward who was recovering from the operation. Here again the ovaries were cystic, and the patient made a complete and rapid recovery. Though only two months have passed since the operation, the woman's improvement is most manifest. I saw her on Monday last and hardly recognised her. She has not had the appearance of menstruation since the operation.

From these cases I am forced to conclude that between these small cystic ovaries and uncontrollable hæmorrhage, such as occurred in these two cases, there is some connection which has yet to be studied, and that in such cases the removal of the ovaries is not only to be justified, but that it is the proper proceeding. My friend Dr. Meredith, of Wellington, has already published a case in which I removed the ovaries for uncontrollable hæmorrhage. The result is a brilliant success, for the girl is now, sixteen months after the operation, in robust health, never having lost a drop of blood.

Two of the series were operated upon for menstrual epilepsy,

and the details of one of them have already been published; and though the patient is not yet cured she has been immensely relieved, and I yet hope for a complete cure. The other case is only just recovering from the operation. In these two cases the ovaries were perfectly healthy, differing in this respect from the first case of the kind I had, the details of which I published at length in the *Birmingham Medical Review*. Whether ovariotomy for menstrual epilepsy will obtain the amount of ultimate success which will justify our adopting it is a question which will be settled only after some years of experience of the cases operated upon, and as yet I can give no decided opinion upon it. I shall continue to perform it in such cases as seem to myself and my colleagues suitable, and where the patients and their friends, after full explanation, elect to have it done. I shall carefully watch and record the results.

Another case where I removed perfectly normal ovaries was one of most remarkable congenital defect, of which I must give details fuller than can be got into this paper. These three cases are my whole experience of removal of "normal ovaries." Of the ten remaining cases one had the operation performed for abscess of the ovary, four for chronic ovaritis, and five for cirrhosis of the ovary.

The case of abscess of the ovary was sent to me by Dr. Lycett, of Wolverhampton, and is most interesting as another example of the progress of abdominal surgery within the last three years; and it gives me still greater pleasure to introduce it by reading the letter which Dr. Lycett sent to me with the patient, as quite a model of what such communications should be. It was as follows: "She is about thirty-eight years of age, and has suffered for many years from great ovarian pains, rarely free, and much increased at the menstrual periods which are often fortnightly, scanty, and prolonged for a week or ten days. The left ovary seems the one at fault, being tender and somewhat enlarged; the uterus is rather conical, but the passage fairly patent. She has had a variety of treatment under my hands, and though able to afford some relief, yet I see no

prospect of permanent good, so that at last I am desirous of your opinion as to oophorectomy, for her health has materially suffered, as you will observe. She is a weakly nervous anæmic person, whose life is a misery and may probably break down before the menopause. She has not had any children. Several times at the periods her temperature has risen even to 102°, marking some local inflammation, and at these times the pain and tenderness is greater." No history could be more graphic, concise, and complete. The only additions I can make to it are that marital life was absolutely unendurable, and that I found the left ovary adherent in the cul-de-sac.

I quite concurred with Dr. LYCETT'S views, and with his concurrence and assistance I performed ovariotomy on June 28. I found the left ovary firmly adherent in front of the rectum, and to pull it off from its attachment was a work of difficulty. It contained about two drams of pus, and appeared to be just on the point of bursting into the peritoneal cavity. Had it so burst she doubtless would have had an attack of acute peritonitis, from which she might have died. The right ovary was shrivelled, so I removed that also. She made a perfect recovery, and not only is cured but her sexual relations are now possible, so that not only has removal of the ovaries not unsexed her, but it positively has resexed her—a statement which I can make about a number of other cases of the series I am now relating.

There are four cases which had features exactly alike, with some minor differences in degree, and I can give here only a brief outline of them. Their troubles began in an acute attack, after which their menstrual sufferings were intense, the periods being irregular and profuse; sexual intercourse almost entirely unbearable. The ovaries, or what I thought were the ovaries, were much enlarged, down behind the uterus, and exquisitely tender to the touch. At the operations I found the ovaries in each case more or less adherent to adjacent structures, and having the *morsus diaboli* glued to the surface, the tubes forming cystic dilations. They all had been ill for years, wandering about from hospital to hospital, or one doctor to another, vainly

seeking relief. What could have relieved them but ovariotomy? or perhaps I ought, in the opinion of some, to say, "salpingo-oophorectomy." As a matter of fact they are now all quite well, and two of them have resumed their marital functions with satisfaction to themselves and to their husbands. The other two will do so also, doubtless, when their convalescence is complete. The editor of the *New York Herald* was pleased a few weeks ago to poke a little fun at me for saying that "oophorectomy" might re-institute sexual functions which had been suspended, but the statements of my patients are quite serious upon this important subject.

I have now to speak of four cases of chronic ovaritis in which I have removed the ovaries for sufferings which were otherwise incurable; and these cases are so important that I must be pardoned if I am somewhat prolix in detail. They have all recovered; and though I can only claim for two as yet that they are completely cured, I am able to assert that the progress of the others is quite satisfactory, and my belief is that in time their cure will be as perfect as the others.

The first was a young married lady, whom I first saw in May, 1879, with Mr. Arthur Newton, of Newhall Street. Her menstruation commenced when she was thirteen years of age, was always so painful that she was confined to bed while it lasted, being wholly unable to get about or sit up. This pain came on invariably two days before the period lasted, so that she began her sexual life with diseased ovaries. She was married in 1876, and marriage made her very much worse. She became pregnant in three months, and it was hoped that this would cure her, but it did not. After her confinement she had an acute attack of pelvic peritonitis, which seems to have been a very serious illness. She became pregnant again, and was confined in January, 1879, and had another inflammatory attack, and from that time she was never out of bed till after the recovery from the ovariotomy which I performed on her on the 9th of February, 1880.

I saw her, as I have said, first in May, 1879, and I then

found the fundus very large and retroverted, with the ovaries also much enlarged, extremely tender, and lying down below the fundus. She could bear no kind of pessary, the menstruation was regular and profuse, and the pain during its continuance amounted to agony. I advised blistering, morphia, pessaries, and the abundant administration of bromide of potassium, and ergot. This treatment had no effect, nor had the efforts of another specialist under whose care she was afterwards placed. I saw her again with Mr. Newton in January last, and found her condition much worse. She had all the old symptoms, but in addition she was feverish, worn, and hectic. Everything had been tried and had failed, and ovariotomy only remained. To this Mr. Newton agreed and so did the patient, her husband, and friends. I found both ovaries adherent in the cul-de-sac, and much care had to be exercised in detaching them. They were very soft, greatly enlarged, and covered with lymph. She made an uninterrupted recovery, and got up on March 5th. On April 1st she walked about the house for the first time for eighteen months, and had gained greatly in every respect. On July 20th she was able to walk a mile, had got quite stout, was entirely free from pain, marital relations had been resumed with perfect satisfaction, and, as she frankly told me, for the first time in her life. On September 9th I saw her get down without assistance from a high dog-cart and run briskly up some steps as if she had never ailed. She has had not the slightest appearance of menstruation since the operation, and the climacteric disturbance is nearly over.

On February 20th, 1880, a lady was brought to me from London who had been confined to the recumbent position for seven years, and to bed absolutely for nearly four years. Her menstruation began at twelve years of age, was not very regular and was always accompanied by pain. It continued much the same till she was about twenty-eight years of age, when she had an illness, and, ever since, the pain during menstruation has been much more severe, and had become progressively so for the last nine years. During the four years she had been

under the care of Dr. Graily Hewitt, and had undergone prolonged, careful, and various treatments by pessaries, &c., but without the slightest benefit; in fact, she got continuously worse. When I first saw her, the history given was that menstruation was perfectly regular, lasting from six to eight days, and was very profuse. Just before the period severe pain came on and lasted with slight intermission the whole time. Her pain in the back was incessant and utterly prevented her walking. I found the uterus quite bent upon itself backwards, and so retroverted as to be almost turned upside down. The fundus was very large and soft, and the ovaries, much enlarged, were alongside and below it. The organs were so excessively tender that without ether examination was impossible, so that I am not surprised no pessary could be endured.

I explained to the lady and her friends that the conditions were such that no effort at rectification by pessary need be attempted; that if Dr. Hewitt had failed I was not likely to succeed; and that the radical cure of ovariotomy was the only one which promised success. This they accepted, and I performed the operation on the 26th. The ovaries were enormously enlarged, but not cystic; the fundus was soft and spongy, and nearly three times the size it ought to be in a virgin. There were no adhesions. After removing the ovaries, and whilst closing the wound, I passed a stitch through the fundus and fastened it up to the abdominal wall. She recovered perfectly, has never menstruated since, is getting fat and well, and can now walk about the house and garden. The recovery of her power of locomotion is slow, but steady, and I need hardly say, that after seven years of their suspension we can hardly expect any very rapid progress. The uterus is now perfectly straight and normally hung, and it is quite of the senile size.

The next case was that of a lady, aged thirty-three, who began to menstruate at thirteen, was married at twenty, and in eleven years had seven children. Her first child was born prematurely, and she had never been well since, for she got up and undertook a railway journey on the fourteenth day. After

this she had continuous hæmorrhage for several months. She had several premature and dead children after this, and then one living child and the seventh dead. Three years previous to my seeing her she consulted a distinguished metropolitan specialist, who, upon his consulting room couch, "did something to her which gave her immediately a violent pain in the back," and that pain she never lost for an hour, save when asleep or narcotised, till the day I operated upon her. What this was, which was done to her, of course I do not know, though I have little doubt it was the rectification of her remarkable retroversion by the sound. If it was, it is another example which we may quote against this mischievous practice. When I first saw her I got the story that ever since this incident the patient's life was a misery to her and her surroundings—that she could not get about—was on the couch all day long—her menstruation so protracted and profuse that it lasted quite half the month—and she had hardly recovered from the exhaustion consequent upon the loss and the increase of her sufferings when she was ill again. She had been under the hands of quite a number of specialists both here and in London; and after reading her case up, and comparing the opinions expressed about it, and having come across one of my cases of spaying, she came to me deliberately to ask me if I thought I could spay her, and, if I could, if I thought it would do her good. She had been told that the womb was bent backwards, but that there was a tumour on either side of it. The tumours in question I found to be enormously enlarged and very tender ovaries lying behind and below a retroflected and retroverted fundus which felt so large that it really might have been a question whether or not there was a myoma in it. From my previous experience I was of opinion that fundal enlargement was due merely to chronic fundal metritis, though I was quite prepared to find a myoma at the operation.

I had no difficulty in such a case as this in recommending the removal of the ovaries, for the mere names of the gentlemen under whose care she had previously been, without benefit, were

sufficient guarantee that everything short of that had been tried. Moreover, the patient, a clever intelligent woman, knew all about her case and told me pretty accurately all that had been done. I had, besides, the advantage of the history given by one of her medical attendants.

The immediate arrest of the hæmorrhage, which had been uncontrolled even by hypodermic injection of ergotin, would alone have been a sufficient warrant for the ovariotomy, but there were numerous other reasons in its favour. I therefore performed it on April 9th, and found the fundus enlarged from chronic fundal metritis only, the ovaries enlarged from chronic interstitial inflammation, and the displacement as I have described it. I removed the ovaries and stitched the uterus up to the wound as in the previous case. She made an uninterrupted recovery and has never menstruated since. She is now full of colour, stout, and well in every respect but one. She went through the early stage of the climacteric without much suffering, and these disagreeables are passing off rapidly. For six weeks after the operation she was absolutely free from the terrible pain in the back; but as she began to get about it came back, and for a time was as bad as ever, in spite of the uterus being absolutely normal in position and speedily regaining its normal size. This pain in the back still continues in a modified form, and is, I believe, slowly fading away; and I have not the least doubt it will entirely disappear in time. Why it has returned and why it has lingered so long I do not know, for there is no physical reason for it perceptible. In every other respect the results of the operation fully justify its performance.

My list also includes four cases where I have opened the abdomen for the treatment of a suppurating hæmatocele. Two of these cases have already been published in a paper I read before the Royal Medico-Chirurgical Society. The other two were very similar, were dealt with in precisely the same way, and had results quite as satisfactory and rapid.

This account has now traversed the whole of the cases save the six in which the ovaries were removed for various kinds of

suffering arising from a condition of the ovaries which I have described as cirrhosis. In all of the cases the conditions of the ovaries were well marked; and as I have already fully described and figured them I need not take up time here with them.

The conditions of the cases were in most respects very similar, though in others rather different. In all the cases the affection began in an acute attack of pelvic peritonitis, doubtless starting in the ovary. In two it occurs as a sequela of scarlet fever, in one of measles, in one of rheumatic fever, and in one of typhoid, and in the sixth no clear history could be given. Five out of the six, therefore, were cases of cirrhosis beginning in what was undoubtedly exanthematic ovaritis. The subsequent history is uniformly that, after the acute attack subsided, the menstruation was at first profuse and irregular, then it became regular, painful, and scant, the pain increasing as time went on, and all efforts short of opiates and alcohol failing to give relief. One of the cases was in the habit of taking a pint of brandy and ten to twelve grains of opium every day during her menstruation, though she was only twenty-nine years of age. At other times she was quite well and had no desire for the drugs, but the doses were rapidly increasing. Another had been eleven years continuously under medical treatment without any permanent relief. Though living with her husband no intercourse had occurred for many years on account of the distress it caused her. The third had been married two years, and since then her misery had been continually on the increase, so that she meditated leaving her husband. The fourth was an unmarried woman, aged thirty-one, sent to me by Dr. Thursfield because her life was a misery to her, and he thought it a case for spaying. She had measles at twenty-seven, and never was well after; her menstruation ceased entirely after the ovaritis, but the pains in the pelvis, especially in the left groin, were as bad as if she had regular menstruation.

In the fifth case the ovaries were cirrhotic and adherent down in the cul-de-sac, so that married life was a torture to her.

The sixth case, sent to me by Dr. Bradley, of Dudley, was that of a lady who had contracted rheumatic fever in Poland some twelve years ago, with what was undoubtedly an attack of pelvic peritonitis. A second similar attack occurred in Paris three years ago, and since then three weeks of every month have been passed in bed, her sufferings have been intense, her menstruation almost suppressed, and her powers of locomotion practically suspended; and she has been wholly prevented following her occupation as a governess. The ovaries could be felt down behind the uterus on either side of it like a couple of mulberries.

In the first three of these cases complete cures have already been effected. The first case, I am assured, has given up the narcotics and is perfectly free from pain. She has menstruated thrice since the operation, which was performed on June 3rd; the first time in March, very profusely and with a good deal of the old pain; again on June 26th, without the slightest pain; and again on August 1st, scantily, and without pain. The second case (op. March 18th) has never menstruated since, and declares herself quite cured. The third (op. April 23rd) has gained flesh and colour markedly, expresses her condition as "wonderful, and as well as she ever was in her life;" says that intercourse has been resumed, that she has no pain, and now derives satisfaction from it. On October 25th, for the first time since the operation, she menstruated for four days, entirely without pain.

The fourth case (op. August 16th) came back to shew herself on October 25th, perfectly well and having had no menstruation. The fifth and sixth cases are too recent yet to say much about.

It is remarkable that all these cases have suffered far less from the climacteric distress than the others, for their disease seemed in a large measure to have anticipated the process and its results.

In not one of the cases in which I have performed a double ovariotomy—and I can now quote a case performed nearly ten years ago, still alive and well and living with her husband—can

I discover traces of any alteration which can be urged as an objection to the operation.

When speaking of removing both ovaries Mr. Spencer Wells urges against it the possibility of "an undue deposit of fat, or the occurrence of obscure nervous symptoms, or some change in feminine physiological peculiarities, which would be objectionable if not directly prejudicial." In my practice such have not been found to occur on the removal of the second ovary, and though Mr. Wells has recorded a large number of cases of removal of both ovaries, he has not yet, so far as I know, placed on record any evidence gathered from his cases which shew that any of the objections I have quoted hold good. The evidence from my own experience goes all the other way, and positively establishes that no such changes do occur; and I can say further that in not one of my cases have I been disappointed with the secondary result. In only one of the cases am I at all dissatisfied with the rate of improvement; and in all the others, so far as they have gone, I can say for this operation that it gives infinitely better results than many that have long since been accepted and are far more widely practised.

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Printed by Josiah Allen, 74, Suffolk Street.