

## **Correspondence with T. Spencer Wells... on ovariectomy.**

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### **Publication/Creation**

London : Pickering, 1882.

### **Persistent URL**

<https://wellcomecollection.org/works/d7quey5z>

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# CORRESPONDENCE

WITH

## T. SPENCER WELLS, F.R.C.S.

MEMBER OF COUNCIL OF THE ROYAL COLLEGE  
OF SURGEONS,

SURGEON TO THE QUEEN'S HOUSEHOLD, &c. &c. &c.

ON

# OVARIOTOMY.



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THIRD EDITION, WITH AN APPENDIX.

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LONDON:  
PICKERING & CO.,  
66, HAYMARKET, S.W.

1882.

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CORRECTION

BY

T. SPENCER WELLS, F.R.C.S.

MEMBER OF COUNCIL OF THE ROYAL COLLEGE  
OF SURGEONS

SURGEON TO THE QUEEN'S WORKS, &c.

OVERMAN

THIRD EDITION, WITH AN APPENDIX

LONDON:  
PUBLISHED BY  
G. & J. BARNARD, 21, N. B.  
1862

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TO THE PEOPLE OF GREAT BRITAIN  
AND IRELAND.

CORRESPONDENCE WITH  
**T. SPENCER WELLS, F.R.C.S.**

Member of Council of the Royal College of  
Surgeons,  
Surgeon to the Queen's Household, &c. &c. &c.

ON  
**O V A R I O T O M Y.**

HENBURY, NR. MACCLESFIELD.

9 Augt., 1879.

SOCIETY TOTAL ABOLITION VIVISECTION.

SIR,

Believing that statements are circulated relative to Ovariotomy, which have not the weight of your authority, but are incorrect,—we shall, as the matter is of public interest, feel obliged if you will kindly inform us how far any improvement in the operation is due to Experiments made by yourself on Living Animals. Also, what definite facts were thus discovered by you,—and by means of what Experiments. Moreover, the specific way in which such knowledge was made beneficial to your Patients.

The late Dr. Lawson Cape, (whose Pupil, he informed us you formerly were),—was a subscriber to the Society and never endorsed the statements above mentioned.\*

I remain, Sir,

Your obedient Servant.

GEORGE R. JESSE.

Honorary Secretary, &c.

T. SPENCER WELLS, ESQ.,

3, UPPER GROSVENOR ST.,

LONDON. W.

\* See Letter from Dr. Lawson Cape. Page 7.

11 August 1879.

3, UPPER GROSVENOR STREET,  
LONDON. W.

SIR,

Considering how the Society which you represent has vilified me in its publications and by its paid Agents, I am rather surprised you should expect me even to acknowledge the receipt of a letter from you. But I am not disposed to follow a bad example, and I beg to inform you that you may find at pages 3 and 4 of the British Medical Journal of July 6, 1878, my own statement, made publicly at the College of Surgeons, as to the number of experiments I have made on living animals, and what I believe has been learned from those experiments.

I am, Sir,

Your obedient Servant,

T. SPENCER WELLS.

GEORGE R. JESSE, ESQ.

HENBURY, NR. MACCLESFIELD,

13 Augt. 1879.

SOCIETY TOTAL ABOLITION VIVISECTION.

SIR,

Your obliging reply of the 11th inst. was written under great misapprehension as to the Society. So far from having "vilified you in its publications," we believe,—though they amount to above Seventy in number,—your name has never been mentioned in them. At one of our Meetings at St. James's Hall, a Physician alluded to your skilful operations in Ovariectomy, but in these words:—

"Mr. Spencer Wells deserves well of the Profession and of the Public, for he has performed these operations most successfully."

As to the "paid Agents" you refer to, they cannot have misconducted themselves as you mention,—for the Society has none.

You probably confound us,—(the Original Society, which obtained the appointment of the Royal Commission and gave Evidence on three days before it,)—with persons with whom we have no connection. The accompanying enclosure\* will prove the Society publicly disavowed, by repeated Advertisements in

the *Morning Post* and the *Times*, the revolting placards exhibited in the streets of the Metropolis, and inserted in the *Police News*.

We are obliged by the reference to the *British Medical Journal*, and your statement made at the College of Surgeons—and hope to discuss the subject fully at a future day.

I remain, Sir,

Your obedient Servant.

GEORGE R. JESSE.

Honorary Secretary, &c.

T. SPENCER WELLS, ESQ.,

3, UPPER GROSVENOR STREET,

LONDON. W.

[\* *From the Morning Post of the 30th April, 1877, and the Times of May 7th and 14th, 1877.*]

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SOCIETY FOR THE TOTAL ABOLITION AND UTTER  
SUPPRESSION OF VIVISECTION.

*This Society disavows any approval of the sensational and revolting illustrated placards which have been put up in the streets and public places of the Metropolis, and inserted in a Penny Weekly Newspaper,† addressed to a certain class. This Society is of opinion that the attempt to excite the public in this manner is ill advised, and will injure the cause. Such a course of action is unnecessary and impolitic, as it would be for a General Accident Assurance Company to placard with delineations of the horrors of Railway Collisions.*

*The Society's object is—having now amply proved and substantiated the existence and cruelties of Vivisection, to which its members directed attention above two years past, and continuously down to the present time—to demonstrate the uselessness and unphilosophical nature of the practice. Ever open to argue the question with Physiologists, it reprobates any morbid exhibitions or attempts to inflame the minds of the uneducated.*

GEORGE R. JESSE.

Honorary Secretary and Treasurer.

Henbury, Macclesfield, Cheshire.

† "THE POLICE NEWS."

14 Augt. 1879.  
3, UPPER GROSVENOR STREET,  
LONDON. W.

DEAR SIR,

Thanks for your note. I was not aware of the difference between the new and the old Society.

As some aid to the future discussion of the subject I enclose some extracts from one of my Lectures which may show what is thought (by men capable of judging) of the value of improvements learned by experiments on a few animals, which could not have been learned so well in many years instead of in a few weeks, even by experimenting on women. And the sufferings of those few animals are not to be compared to the suffering inflicted by one sportsman in one day for no useful purpose.

Yours very truly.

T. SPENCER WELLS.

GEORGE R. JESSE, ESQ.

HENBURY, NR. MACCLESFIELD.

18 Augt. 1879.

SOCIETY TOTAL ABOLITION VIVISECTION.

DEAR SIR,

I beg leave to return you our thanks for your courteous letter of the 14th inst., and for its enclosed extracts from one of your Lectures.

Believe me,

Yours sincerely.

GEORGE R. JESSE.

Honorary Secretary, &c.

T. SPENCER WELLS, ESQ.,

3, UPPER GROSVENOR STREET,

LONDON. W.

HENBURY, MACCLESFIELD, CHESHIRE.

29 Sept., 1879.

SOCIETY TOTAL ABOLITION VIVISECTION.

DEAR SIR,

Since replying to you on the 18th ult. I have made repeated but unsuccessful endeavours to obtain the "British Medical Journal" of 6 July, 1878, which you referred me to. Applica-

tions have been made to the Publisher of that Periodical ;—to my Booksellers in town ;—and to a London Newsagent. An Advertisement which I wished to insert in the "British Medical Journal," offering Half-a-Crown for a Copy, has been refused insertion.

Under these circumstances, may I venture to ask whether you can procure for me, or put me in the way to obtain, the number you referred me to?—of 6 July 1878. If so I shall feel obliged.

Believe me,

Yours sincerely,

GEORGE R. JESSE.

Honorary Secretary, &c.

T. SPENCER WELLS, Esq.,

3, UPPER GROSVENOR ST.,

LONDON. W.

NOTE.—*No answer was received to this Letter ; and much difficulty and delay occurred ere a Copy could be obtained by us of the British Medical Journal referred to by Mr. T. Spencer Wells. The refusal of the British Medical Journal to insert our Advertisement for the Copy we required—is significant.*

28, CURZON STREET, MAY FAIR. W.

Friday, 20 October, '76.

DEAR MR. JESSE,

Mr. Spencer Wells, was a pupil of mine at St. Thomas's Hospital more than 30 years ago, when Vivisection was not known or thought of—and has only been practised in the Medical Schools 4 or 5 years.

Spencer Wells was *very successful* in Ovariectomy, but I never heard of his owing his success to Vivisection, nor do I believe it.

Yours very sincerely,

LAWSON CAPE.

NOTE.—*DR. LAWSON CAPE, F.R.C.P., LONDON, &c., was Consulting Physician of the General Lying-in-Hospital, York Road, Lambeth ; and Lecturer for ten years on Midwifery at Saint Thomas's Hospital.*



HENBURY, NR. MACCLESFIELD.

20 March, 1880.

DEAR SIR,

Much difficulty was experienced in obtaining the "BRITISH MEDICAL JOURNAL" you referred to. I have now perused it ;—and the extracts from one of your Lectures which you were so good as to forward. My attention has also been given to "BRYANT ON OVARIOTOMY:"

"HUTCHINSON ON SURGICAL DISEASES OF WOMEN:" "KIWISCH ON THE DISEASES OF THE OVARIES : " DR. THOMAS KEITH'S PAPERS.

Your book on "DISEASES OF THE OVARIES," published in 1865: and your second work, with the same title, Published in 1872. Likewise to other Medical testimony on the subject.

Your great skill and success in performing operations for removal of Ovarian tumours has been proclaimed, and published, in Newspapers, Periodicals, The House of Peers, etc., etc., etc., as "The Crowning Triumph of Vivisection :"—"the result of Experimentation for Surgical purposes."—"One of the most splendid Triumphs of Modern Surgical Art and Modern Philanthropy."—"With the New Light gained by Vivisection, three out of four have recovered, and he has thus saved the lives of between five and six hundred Women."

The Bishop of Peterborough is reported to have asserted in Debate in the House of Peers, on the 15th July last,—that,— "A London medical man of the highest eminence, with a most extensive practice among female patients, owes a Discovery by which he has saved hundreds of lives to a series of Experiments performed upon a dozen Rabbits."

The *Times* of 16 July, 1879, states the Bishop of Peterborough said :—"One of the most eminent London Surgeons lately told him that he had dealt most successfully with a very difficult case—one which had been *opprobrium medicorum*—and by his Discovery hundreds, he thought he might say thousands, of human lives would be preserved. The means by which the Discovery was made was the making of experiments upon the lives of 12 Rabbits. The point which his friend wished to ascertain was whether the presence of sutures inside the intestines\* or near them did or did not result in dangerous inflammation."

\* NOTE.—*Sic.*

You yourself, in your reply to me, quote Lord Selborne's very laudatory remarks made in 1875 at the Samaritan Hospital upon your practice. (He seems never to have *heard* of Dr. Charles Clay of Manchester!) And, you also point to those of a similar kind by Sir James Paget; made in 1877 to the Royal Medical and Chirurgical Society. The former you say asserted that "you had added 10,000 years to the lives of European Women." The latter stated, "Ovariectomy, as perfected by Mr. Spencer Wells, to be one of the greatest achievements of Surgery in this century."

You have marked with your own hands, for my observation, both the last quoted passages.

At least I naturally conclude so, as they *are* marked in the leaves of your Lecture which you were so good as to present to me. Moreover, you actually quote Lord Selborne as asserting on the same occasion, in 1875, that, "until a few years since this kind of disorder had been regarded as necessarily and absolutely fatal." (!)

In the Periodical named "NATURE:" "No. 346 of June 15th, 1876," are the following statements. They were made by Dr. Benjamin W. Richardson, F.R.S.,—who helped you to "Experiment" on the eighteen\* Guinea-pigs, Rabbits, and Dogs, when, as he says, you were "beginning your career in performing the operation of this century—the removal of ovarian tumours." Dr. Benjamin W. Richardson, F.R.S., asserts of these "Experiments,"—"The Lessons taught were of vital value."—"He was fortified by the experiments I have described to an extent which no one but an operator himself can fully appreciate." And Dr. Benjamin W. Richardson goes on to asseverate, that, if these animals had not been experimented upon, and you had relied upon experience,——"This plan would have been an obstacle to the Saving of over Five Hundred Women from early and certain death in the practice of Mr. Wells alone." Furthermore, he says,—"Mr. Wells himself has repeatedly urged that what he learned by the result of the experiments we performed together has been of the utmost importance for the success of the operation, and, in a note

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NOTE.—\* *Mr. T. Spencer Wells, in the British Medical Journal of 6 July, 1878, states the number at fourteen.*

addressed to me to-day he repeats and permits me to publish his views in his own words:—

‘The few experiments we made on the narcotised animals taught in a few weeks, in the early days of Ovariectomy, what I could not have learned to this hour, after many years’ observations on suffering women,’” etc.

The foregoing quotations from the *Standard* Newspaper; the *Times* Newspaper; the Bishop of Peterborough; Lord Selborne; Dr. Benjamin W. Richardson; and Yourself, demonstrate the manner in which this matter has been placed before the Public. The impression produced has been,—

- FIRSTLY : That Ovariectomy is an operation which is new.
- SECONDLY : That up to the period of your practising it, the results of operations had been generally disastrous.
- THIRDLY : That your success is due entirely or mainly to Vivisection.

FOURTHLY : That by “Experimenting” on a small number of animals you have saved the lives of hundreds or thousands of Women,—and saved them by those “Experiments” alone.

Your success in Ovariectomy has been blazoned, published, and trumpeted abroad. It has been held up as a crowning Triumph of Surgery gained by “The Practice of Subjecting Live Animals to Experiments for Scientific Purposes.” As a great achievement which could have been accomplished in no other way. We will now investigate these four points.

FIRSTLY :—As to the History of Ovariectomy—Other Writers in favour of this operation might be quoted, but it will be sufficient to mention the distinguished Dr. William Hunter; and his brother the great John Hunter, who expressed himself in 1786 decidedly in favour of it.\* And “Chambon, who, in 1798, entered fully into the question and boldly advocated excision.” Doubtless there have been men of eminence, as Liston, Lee, and Lawrence, who were adverse. How could it be otherwise? In human affairs Innovations and Reforms are ever opposed by *some* men. The greater the Reform, the more bitter the Opposition.

Dr. Robert Houstoun had operated most successfully for Ovariectomy in 1701, and removed a tumour of monstrous bulk.

\* See Note A.

His patient recovered perfectly, and lived in excellent health for sixteen years after the operation. Dr. Robert Houstoun was followed by Dr. Ephraim McDowell, who was the pupil in Edinburgh of the able Surgeon, John Bell, the brother of that ill-requited genius and discoverer, Sir Charles Bell, who asserted in "THE PHILOSOPHICAL TRANSACTIONS," that "Experiments have never been the means of discovery."\* John Bell's teaching is said to have had great influence on McDowell, and the latter operated Thirteen times before his death in 1830, and at least eight times with success. McDowell left full instructions for the practice of Ovariectomy by future Surgeons. He wrote,—“I think my description of the mode of operating, and of the anatomy of the parts concerned, clear enough to enable any good anatomist, possessing the judgment requisite for a Surgeon, to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain to the mechanical surgeon for ever incomprehensible. Such have been the bane of the science, intruding themselves into the ranks of the profession with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the lives of their patients,” &c.

To such as *these*, Liston might justly indeed apply the term, “Belly-Rippers.” Washington Atlee and other American Surgeons followed the example of Ephraim McDowell, and achieved, we hear, an honourable position in the history of the operation. Atlee preceded you by several years, and performed Ovariectomy on nearly Four Hundred Women.

The Medical Profession in America erected, we believe, in 1879 a Granite Monument thirty feet high at Danville, Kentucky, in memory of McDowell, with this inscription :

“Beneath this Shaft rests EPHRAIM McDOWELL, M.D., THE FATHER OF OVARIOTOMY, who, by originating a great surgical operation, became a benefactor of his race, known and honoured throughout the civilised World.” “A grateful profession reveres his memory and treasures his example.” The date of his

\* See Note B.

birth, attendance at the University of Edinburgh, and his first Ovariectomy in 1809 are also inscribed on the monument.

Mr. Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital, states in his work on Ovariectomy, published in 1867, that Lizars, of Edinburgh, had a successful case in 1825. In 1836 Jeaffreson of Framlingham, King of Saxmundham, West of Tonbridge, were successful. In 1838 Crisp of Harleston was successful. In 1842-3, and 4, Walne, F. Bird, and Lane were successful in eight cases; and in the former memorable year Dr. Charles Clay of Manchester commenced his illustrious career in Ovariectomy. Southam of Salford, Dickson of Shrewsbury, and H. E. Burd were successful in 1843-5, and 6. Cæsar Hawkins was successful at St. George's Hospital in 1846. Protheroe Smith, Elkington of Birmingham, Crouch, Cornish, and Day of Walsall had successful cases in 1849 and 1850. Between 1842 and 1866 Charles Clay had 110 cases, of which 76 recovered. He has published the "Results of 314 Ovarian Operations." Thomas Bryant, F.R.C.S., of Guy's Hospital, in his work on Ovariectomy, published by Churchill in 1867, terms, "Dr. CHARLES CLAY, OF MANCHESTER,—THE FIRST GREAT APOSTLE OF OVARIOTOMY IN THIS COUNTRY,"—and he goes on to say that "Mr. Lane, Baker Brown, and Spencer Wells, in London, and others, have led the way." In Ireland, Dr. Thompson is said to have been successful in 1848. Your own first case of completed Ovariectomy was not performed till 1858; *about Sixteen years after Dr. Charles Clay of Manchester had commenced his long series of successful operations.* His example can hardly have been lost upon yourself or upon others. Surely humanity is greatly indebted to Dr. Charles Clay. "THE EDINBURGH MEDICAL JOURNAL" said in 1867, "Clay perseveringly continued not only to operate, but, in every other manner, within his power, to urge the propriety of the proceeding on his fellow-countrymen. Without his untiring efforts, we do not believe the operation would have now stood in the position which it holds."

The following Statistics of completed operations are extracted from "BRYANT ON OVARIOTOMY." They include all the published cases up to December, 1866.

"STATISTICS OF COMPLETED OPERATIONS."

NAME OF OPERATOR.	NO. OF CASES.	RECOVERIES.	DEATHS.
BRITISH.			
Mr. Spencer Wells .....	150	103	47
Dr. Charles Clay .....	110	76	34
Mr. Baker Brown .....	107	72	35
Dr. Keith .....	48	37	11
Mr. Thomas Bryant .....	28	17	11*
Dr. Tyler Smith .....	20	16	4
Dr. F. Bird.....	12	8	4
Mr. Lane .....	11	8	3
Other Cases.....	172	98	74
Total British .....	658	435	223

\* In two of these cases both ovaries were removed.

NOTE. *The names of those who have operated on less than ten cases have been omitted, their cases being grouped together in the Statistics.*

It appears from these Statistics that your success in operations has not been greater than that of your predecessor in Ovariectomy, Dr. Charles Clay, of Manchester; and has been less than that of Dr. Thomas Keith, of Edinburgh,\* and Dr. Tyler Smith.

We hope these facts and observations dispose of the FIRST AND SECOND POINTS, viz.—“That Ovariectomy is an operation which is new;—and that up to the period of your practising it the results of operations had been generally disastrous.”

We now proceed to the THIRD POINT, viz.—“That your success is due entirely or mainly to Vivisection.”

You speak to me of the “*value of improvements learned by experiments on a few animals.*” You have repeatedly urged that these experiments have been of “*the utmost importance for the*

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\*NOTE.—It was stated on the 20th November, 1879, in the SCOTSMAN Newspaper, that in Dr. Thomas Keith's last Twenty operations not one ended fatally, and in his last Hundred only three.

*success of the operation.*" You have asserted that these "*few experiments*" "*taught in a few weeks in the early days of Ovariotomy, what you could not have learned to this hour, after many years' observations on suffering women,*" &c.

All this refers to your Discovery (so considered by you), in regard to the Peritoneum. In the *British Medical Journal* of 6th July, 1878, page 3, to which you refer me, you say—in regard to "uniting the wound in the abdominal wall, including the Peritoneum in the Sutures, or not including it." \* \* \* \* \* "*The Peritoneum must be included.*"

In your Second Book on "Diseases of the Ovaries," published in 1872, you assert that "*The including of the Peritoneum within the Stitches is of the utmost importance for the success of the Operation.*"

Strong, decided, and unqualified as these most deliberate statements of yours are, nevertheless Surgeons of eminence and experience in Ovariotomy differ widely from you on the point. For example, Mr. Thomas Bryant, F.R.C.S., Surgeon and Lecturer on Surgery to Guy's Hospital, says in his Book on "OVARIOTOMY," published in 1867, "It is not yet decided by operators whether the Peritoneum should be included in the Sutures or not. The fact that different operators adopt different plans with equal success, tends to prove that the point is not of much importance. In my own operations I have, as a rule, included the Peritoneum; in exceptional cases I have failed to do so, and upon the whole I do not think the matter is of much consequence." (See Note \*E, Page 38.)

In his last recorded case, Mr. Bryant says,—"*The wound was then closed by silk Sutures, the Peritoneum not being included.*" Everything in this case went on most satisfactorily, not one symptom showing itself to cause anxiety."

Mr. Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital, etc., says in his Article on "THE SURGICAL DISEASES OF WOMEN."

"HOLMES'S SYSTEM OF SURGERY."—2nd Edition.  
Longmans and Co. 1871.

*Closing of the External Wound.*—This is an easy matter, and may be done with equal facility either by hare-lip pins or silver wire. If pins are used, they must be gilt or silvered, not plain

steel. The practice of Mr. Spencer Wells has proved that it is safe to pass the needles through the Peritoneum; but it may be doubted if any material advantage is obtained. If not through the Peritoneum, the ligature or pin should pass close to it through everything else."

The opinion of Mr. Thomas Whiteside Hime, B.A., M.B., Dublin, Medical Officer to the Sheffield Hospital for Women, etc.; is given in the "BRITISH MEDICAL JOURNAL" of November 30, 1878. He says, in his "REMARKS ON OVARIOTOMY,"—"It cannot be so important to include the Peritoneum in the Abdominal Sutures as Mr. Wells supposes, seeing that Kœberlé and other successful Ovariologists have never done so; and it must generally happen, when it is [so included, that it will double up into the wound more or less, and prevent union throughout the entire thickness of the sides of the wound. Should it have been by mistake partially detached, it must, of course, be included," etc.

It appears then, that in the opinion of Messrs. Bryant, Hutchinson, and Hime, no material advantage in Ovariectomy was gained by your Vivisection of Animals.

On referring to a Book, dedicated to you by Mr. John Clay, M.R.C.S., of Birmingham, and entitled "CHAPTERS ON DISEASES OF THE OVARIES,"—I find by the Tables of Cases of Diseased Ovaria, that you did NOT include the Peritoneum in any of your three first Successful cases of completed Ovariectomy (!)—Namely, in February, August, and November, 1858. Moreover, I note that in your first Unsuccessful Case, which was in January, 1859, you did NOT include the Peritoneum. In your next Unsuccessful Operation, which took place in June, 1859, the Peritoneum WAS included;—and the Patient died, and, of extensive *Peritonitis*, on the Second Day.

These were "the early days of Ovariectomy."

Those persons who have read Dr. Benjamin Richardson's remarks in the periodical called "NATURE," and your own note to him, which he says he published with your permission, will muse on the apparent discrepancy between the statements in "NATURE" and those published by Mr. John Clay, of Birmingham, who says they were "kindly revised by the Operator," that is, Yourself.



As your first three cases are put down by you as Recoveries, why did you "Experiment" upon Animals? If you had *not* in those "early days" already performed with Dr. Benjamin Richardson those "Experiments" of "the utmost importance for the success of the Operation," what necessity was there for them at all, seeing that your three first Operations were successful?

It appears, from your own statements, that the success of your three first operations was not due to Vivisection at all.

And what good *could* possibly arise from cutting open the Abdomens of Animals and Stitching them up again? Neither Rabbits, Guinea Pigs, nor Dogs demonstrate what will happen to Women in similar circumstances; and the circumstances were *not* similar, for the Animals had no Ovarian Disease. Why select *those* species? And what similarity, rendering "Experiment" conclusive, exists between a Carnivorous animal such as the Dog and a Rodent animal like the Rabbit which lives on plants?

Travers and Blundell had wandered already in that barren country—and what did they acquire? We will soon refer to them again.

On the 13th January, 1863, you removed an Ovarian tumour from a Patient, and she died on the seventh day after. This Patient had been operated upon by another Surgeon in or about June, 1862, and a first ovarian tumour completely and successfully taken away. In your own account of this Case, which was read before the Royal Medical and Chirurgical Society in June, 1863, you said—"The Surgeon who performed the first operation on this Patient does not include the Peritoneum in his Sutures; and I think," etc., etc. What inferences you intend to suggest, you yourself best know;—but whatever the inferences may be, these facts are stated, viz., that your Professional Brother removed one tumour completely and successfully, and his Patient recovered from the operation and left the Institution, where Ovariectomy was performed, three weeks after the operation. Another tumour grew;—you removed it about eight months after and she died within Seven Days. He did *not* include the Peritoneum; you *did* the reverse.

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THE FOURTH POINT is now to be considered, viz., that "By Experimenting on a small number of Animals you have saved the lives of hundreds or thousands of Women ;—and saved them by those Experiments alone." We think that very few able and candid Ovariologists will be of this opinion. Indeed, we believe they will be opposed to it. For, the improvements in Diagnosis ; in Anæsthetics ; in the Surgical removal of Ovarian Tumours ; and in the Treatment of Patients, are very considerable, and have greatly decreased the proportion of unsuccessful cases.

Putting entirely aside your Experiments on Guinea Pigs, Rabbits, and Dogs,—and whether the Peritoneum *is*, or is *not*, included in the Abdominal Sutures, we think there is in the opinion of the Medical Profession a matured conviction that the former rate of mortality in Ovariectomy has been very greatly lessened by various progressive and important advances in Surgical Knowledge, and, that to these advances in Knowledge painful Experiments on Living Animals have contributed little or nothing of much value.

It is remarkable that you did not extract mental food from the "Experiments" of Benjamin Travers and John Blundell, Published in 1812 and 1824. How is it that their violations of the Peritoneums of Dogs, Rabbits, &c., gave you no sufficient light? The Animals were not sparingly sacrificed, nor were their long-continued sufferings unduly regarded by the Surgical Haruspices who professed to foretel the future by inspecting the entrails of their sacrificed Victims. Did not the mangling and mutilation of those creatures demonstrate, if they demonstrated nothing else, that danger from Peritonitis in them is much less than in the Human race?

Those "Experiments" by Benjamin Travers on Dogs and Horses gave birth to one of the most erroneous methods of treatment ever practised in Surgery. In his Book detailing his "Experiments" on Dogs and Horses, (that is, stabbing, cutting them open, dividing their intestines, stitching up the wounds, &c., &c., &c.), he also published his directions for the treatment of Strangulated Hernia. *That treatment killed the Patients.* Very many lives have been destroyed by the treatment he advised,—viz., giving purgatives to prevent or cure Peritonitis. That

fatal error has since been corrected, and in the Treatise on Hernia recently written by John Birkett, Member of Council and Fellow of the Royal College of Surgeons, Consulting Surgeon to Guy's Hospital, etc., he says,—“The introduction of every kind of purgative medicine into the stomach must be scrupulously avoided in all cases of strangulated bowel.”

Travers has put as a motto on his Title Page a quotation from Francis Bacon. “*Prudens interrogatio quasi dimidium scientiæ.*” But, *Violating and Outraging Nature* is not *wisely questioning* the Goddess: and she grants not even *half-knowledge* to those who deface and cruelly mutilate her Children. Blundell himself admits in his Book, entitled “*Researches Physiological and Pathological,*” the frequent fallacy of conclusions drawn from the mangling of Animals. He says: “To confirm this conclusion, the accuracy of which I doubted at the time, it was determined to submit it to the test of another train of Experiments \* \* \* \* \* for I need not observe that circumstances often exert a silent and most fallacious influence over our Experiments, (our negative Experiments especially), to be deprecated the more, because, from its insidious nature, it is so frequently overlooked.”

Is it not well known that Boarhounds are ripped and torn open by the tusks of the Boar, and their entrails let out to the ground;—those entrails washed, replaced, and the bellies of the Dogs sewn up by the Huntsman;—and the animals recover perfectly?

Did not the *Annals of Military Surgery* contain facts enough to guide you as to the wounds of the Peritoneum?

Though the Animals who had their Peritoneums gashed and stitched up by you, apparently recovered sooner than those who had their Peritoneums gashed but not stitched up, nevertheless you could not possibly be at all sure from that what would be the result upon Women. YOUR STITCHING UP THE PERITONEUM OF A WOMAN STILL REMAINED AN EXPERIMENT. Even if you had cut open and stitched up the Peritoneums of a hundred species of Animals, *that* would not have demonstrated what would happen to a Woman under such treatment. No: Not even had you experimented—like Dr. David Ferrier—on the Monkey tribe.—No: Nor even had you

experimented upon the Orang—or got still nearer to “The Missing Link.” No: Nor even had the poor brutes who wander happy in the Primeval Forests of Sumatra been afflicted with Ovarian Disease—and which, probably, *they* never have. For, 'tis Civilised Man, and not the Wild Animal, who inherits diseases dire from the intemperance of his Foregoers; and of his own pleasant vices makes instruments to scourge himself and his afflicted Race.

You, yourself, state, relative to the unmanly “Experiments” of German Professors on poor Bitches, etc.—such as mutilating the womb: “If we could hope in diseased Women for the same series of changes as have been observed in healthy Dogs and Rabbits, we might agree more completely with the conclusions of the German Experimenters.” This remark resembles irony or contempt, but possibly it was not so intended by you.

You will, we think, admit that the following are some of the improvements which have done much to reduce mortality in Ovariectomy.

In the early days of the operation, Opium was too extensively used. An able Surgeon says, “Wounds do not unite so well with a Patient fully under the effects of this drug, as under other circumstances.” You stated yourself, in 1859, that your confidence in Opium, as a preventive in Peritonitis, etc., was “unshaken.” But most of the fatal cases since have been ascribed to Peritonitis, so possibly you, too, have partially eliminated Opium.

Considerable ignorance of physical Diagnosis in Ovarian Disease existed even fifty years ago, and such ignorance led to death. Exploratory incisions are now less frequently necessary.

To Mr. Baker Brown the division of the Pedicle by the actual cautery, is unquestionably due; and Mr. Thomas Bryant asserts that it “bids fair to do more for Ovariectomy than any other improvement of modern times.” Dr. Thomas Keith’s high opinion of this improvement, will be given presently; and the “EDINBURGH MEDICAL JOURNAL,” in 1868, termed this cauterization of the Stump of the Pedicle, “An enormous improvement.”

The dropping of the Pedicle into the abdomen, with the divided ligature, was first done by Dr. Nathan Smith, of Baltimore, in 1821, and followed in 1830 by David Rodgers, of New

York. This bold innovation was not well received in England, though Brodie approved of the practice, and it is due to Dr. Tyler Smith "that it has now gained a hold on the Professional mind," and been followed by many Operators. You first adopted this method, we understand, in your 79th case, in 1863, but, previously, was it not your practice to fix the Pedicle *externally* in all cases?

On the 16th November, 1863, you "for the first time returned the tied stump, with the knots and loops of the ligatures, into the abdomen, and closed the wound completely, after the plan introduced by Dr. Tyler Smith." Your practice as to this important proceeding appears to have undergone a marked change between the 8th February, 1859, and the end of November, 1863. This appears to be indicated by the account you read before the Royal Medical and Chirurgical Society, on the former date, when you said, "I had long regarded the ligature on the Pedicle, and the sloughing of the stump within the abdominal cavity, as one of the most frequent causes of death after Ovariectomy." But, after November, 1863, you repeatedly returned the Pedicle into the abdominal cavity; and in October, 1878, Dr. Thomas Keith wrote, "With Antiseptics, some form of Intra-peritoneal treatment of the Pedicle will be found to answer best. The Clamp has done good service, but it must give place to something better." We presume that the Clamp here mentioned as having "done good service," is the one invented by Mr. Hutchinson.

Avoidance by the Surgeon and his Assistants of the Post-mortem or Dissecting-room for several days before the operation of Ovariectomy is considered of much importance; and all Contagious Diseases should be carefully shunned. The necessity that all sponges should be *new*, all bedding fresh, the hands of the operator and every instrument scrupulously clean, is now much insisted upon.

Great improvement has been effected in the administration of Anæsthetics, and the success of the operation greatly influenced thereby. "Under the circumstances of Ovariectomy," Mr. Thomas Bryant states, "the value of chloroform as an anæsthetic cannot be too highly praised." But, in former times Ovariectomy was undertaken before the introduction of any anæsthetic, and "to see a Patient writhing under the agonies of an abdominal section was enough to make the hardest heart turn with horror, and to

witness the surgeon's hands within the abdomen of a struggling woman, in his endeavour to remove an adherent growth, was almost sufficient to make any professional spectator decide that such an operation was really unjustifiable." The absolute quiescence of the Patient gives you an immense advantage; an advantage which some of your able predecessors in the operation did not possess.

By the improved chloroform mixture of alcohol, chloroform, and ether, the injurious after vomiting is certainly less. In all your earlier operations chloroform was used. You next tried sulphuric ether. Then chloroform and ether mixed. After this, alcohol was added to the mixture. And then bichloride of methylene was brought out. With chloroform you "never felt quite at ease,"—and the vomiting, termed "Chloroform Sick-ness," was "*a principal cause of fatal results.*"

Temperature of Room; great importance of free Country air; of experienced Nurses; of having few persons present at the operation; of warm flannel dress; waterproof sheet; guarding the patient against fluid that runs down during the operation; Improvements in Instruments by yourself, and by other medical men; the simplification of the operation by you; and the introduction by you of common-sense into the after-treatment, have all tended to lessen the mortality in Ovariectomy. Experience has taught that very much better results from operations are obtained in the Country than in the Town;—in private houses than in Hospitals. And in a Room alone, in a small Hospital; than in a Ward with other Patients, and subject to the influence of dissecting students in a large general Hospital. Also, it has been found that periods of good results in Hospitals depend upon Sanitary arrangements,—such as emptying, cleansing, lime-washing, and painting. And bad results upon crowding, bedding not purified, contagion, and infection. The difference in the Mortality in Ovariectomy in different large London Hospitals is enormous. In Guy's the deaths were stated as under 48 per cent. up to November, 1866,—but in King's College were above 85 per cent., and in Middlesex above 87 per cent. But this startling difference is not due to Experiments upon Living Animals.

Nursing has much to do with recovery, or death. Great improvements have been made in nursing.

The social condition of the patient has likewise a good deal to do with the result. Dr. Keith's deaths have almost all been among *poor* women; and he observes, "this is not accidental."

Dr. Keith's poor Patients, in his Private Hospital, received most assiduous attention; and, as Nature makes no social distinctions in functional structure of her children, and a Poor Woman's Peritoneum is very much like a Rich Woman's Peritoneum, "Experiments" on Guinea Pigs, etc., should prove of equal benefit to her.

A larger number of cases is now submitted to the operation in *early* periods of the Disease.

Mr. Jonathan Hutchinson, Senior Surgeon to the London Hospital, says, "No doubt something has been done in the introduction of more cautious after-treatment, especially in the comparative disuse of Opium. But chief amongst the reasons of the advance of Ovariectomy in general favour is, that it has been largely and openly tried."

In the above statement of that eminent Surgeon not a word is said as to anything having been obtained by Vivisection of Animals, nor does he ascribe success in the slightest degree to your practice of including the Peritoneum in the Sutures.

"It is not so much by individual efforts as by the wholesome rivalry that has arisen in the Profession that those (successful) results have been brought about"—says Mr. Thomas Bryant,—but *he*, also, so far as we are aware, makes no mention whatever of your Vivisection of Animals, and does not consider it of much consequence whether the Peritoneum is treated as you treat it—or, otherwise.

That most formidable operation, the Cæsarean Section, was successfully performed long before your day, and yet the incision through the Abdominal wall was made and closed as in Ovariectomy.

Dr. Thomas Keith, of Edinburgh, (the most successful of all Ovariectomists),—ascribes his brilliant and long series of successes anterior to Antiseptics, to Four circumstances.

1. To Kœberlé's idea of using a large perforated glass tube going to the bottom of the pelvis. Concerning which, he, Dr. Thomas Keith, says, "I am as certain as I am of my existence,

that had I used them earlier and oftener, the mortality would have been less by one-third."

2. "To the use of the Cautery in dividing the Pedicle, as proposed and practised by the late Mr. Baker Brown.\*

3. "To the employment of Kœberlé's Compression Forceps."

4. "To the substitution of Ether for Chloroform in my last Two hundred and Thirty Operations.

"So much," says Dr. Thomas Keith, "for Ovariotomy and its results *before* Antiseptics."

His results *since* have been still more happy. Out of Forty-nine cases done under the Carbolic Acid Spray, between March, 1877, and September, 1878, Forty-seven recovered. By Antiseptics the mortality is lessened, and the Drainage-tube not so often required. "Joseph Lister, who put us on the right way, will not be forgotten," are the concluding words of Dr. Keith.† No credit, we think, is given, no mention whatever made, of your Experiments upon Animals; and no successful results attributed to your "Discovery" as to including the Peritoneum in the Sutures.‡

None of the eminent Members of your Profession I have quoted appear to coincide with you as to the value of your "Experiments" on Animals;—and it is, I believe, a fact that no claim to any Discovery having been so made by you exists in the "REPORT OF THE ROYAL COMMISSION ON THE PRACTICE OF SUBJECTING LIVE ANIMALS TO EXPERIMENTS FOR SCIENTIFIC PURPOSES.§ Most undoubtedly you did not appear as a Witness before the Commissioners.

But, even granting that your Vivisectional Experiments have been of the value you set upon them in regard to Operations, let the Public bear in mind that Cheselden, John Hunter,

\* See Note C.

† See Note D.

‡ See Note E.

§ "REPORT OF THE ROYAL COMMISSION ON THE PRACTICE OF SUBJECTING LIVE ANIMALS TO EXPERIMENTS FOR SCIENTIFIC PURPOSES; with Minutes of Evidence, etc. Presented to both Houses of Parliament by Command of Her Majesty.

"London: Printed by Eyre and Spottiswoode, 1876. Price 4s. 4d. [C.—1397.]"

Also "DIGEST OF EVIDENCE TAKEN BEFORE THE ROYAL COMMISSION, ETC. with an Alphabetical List of Witnesses, etc.

London: Printed by Eyre and Spottiswoode, 1876. Price 6d. [C.—1397.—I.]"



Abernethy, &c., regarded Operations (except as to Accidents) as a reproach of the Profession, because, most of them are consequent upon the imperfection of Medical Science.

We now leave the Public to judge as to the value of the assertions so loudly and persistently proclaimed as to your Experiments on Rabbits, Guinea Pigs, and Dogs being "The Crowning Triumph of Vivisection." We think many Members of your most noble Profession will regret that such assertions have been put forth, and the honourable success in Surgery achieved by distinguished and able men, been tarnished by ascribing a brilliant victory to a barbarous and unphilosophical Practice.

Whether it would have been better had you promptly and publicly contradicted the erroneous statements which ascribed to the Vivisection of Animals the success due to foresight, skill, sense, and experience of yourself and other men, we express no opinion, but we fear that your continued silence tended to the infliction of useless and unjustifiable suffering on many creatures, and to perpetuate a Practice which we hold to be equally opposed to Morality, true Philosophy, and the temporal and eternal Welfare of the Human Race.

I remain

Yours sincerely,

GEORGE R. JESSE,

Honorary Secretary, &c.

SOCIETY TOTAL ABOLITION VIVISECTION.

T. SPENCER WELLS, Esq.,

3, UPPER GROSVENOR STREET,

LONDON. W.

3, UPPER GROSVENOR STREET,  
LONDON, W.

23 March, 1880.

SIR,

I have received and read your letter of the 20th inst. In reply, I need only say that I think Lord Selborne, the Bishop of Peterborough, and Sir James Paget are fully as competent as any member of the Society for the Total Abolition of Vivisection, to judge upon questions of Evidence, Morality, and Surgery. You may not be surprised, therefore, when I say, that the appreciation of the above three eminent representatives of the Law, the Church, and of Medicine, more than compensates for the attacks of the Anti-Vivisection Society.

In reply to your statements about Dr. Keith—whose brilliant results in Ovariectomy are a pride and a delight to all true Philanthropists—I may inform you that he has published his opinions in the *British Medical Journal* (Vol. ii. of 1873, page 739,) that before I began my work in 1858, "*Ovariectomy was then as an operation simply nowhere.*"\* And he says, of what he calls my "*great work,*" that "*there never has been anything like it in Surgery since Surgery began.*"

If you publish your long letter, I shall be obliged if you will also publish with it this short note.

I remain,

Yours sincerely,

To G. R. JESSE, Esq.,  
Hon. Secy., &c.

T. SPENCER WELLS.

HENBURY, MACCLESFIELD, CHESHIRE.

26 March, 1880.

SOCIETY TOTAL ABOLITION VIVISECTION.

DEAR SIR,

Your letter, dated the 23rd inst., arrived yesterday.

Instead of entering into a "discussion on the subject,"—as you contemplated doing,—you retire behind "three eminent representatives of the Law, the Church, and of Medicine." But, high as the voice of authority may be, its power must yield, in these days, to reason, facts, and experience.

\* See Note F.

Lord Selborne does not appear to have read up the subject.

The Bishop of Peterborough has mixed up Surgery with his Morality in a remarkable manner.

He is reported to have stated in the House of Lords,—“His Friend wished to ascertain” whether “Sutures inside the Intestines” resulted “in dangerous inflammation.” We do not suppose that you appeal to *this* statement, made on your behalf by the learned Prelate.

As to Sir James Paget, he certainly never intended to ignore the very great improvements made in the removal of Ovarian Tumours by “the first great Apostle of Ovariectomy in this country, Dr. Charles Clay of Manchester;” Mr. Baker Brown; Dr. Tyler Smith; Dr. Keith of Edinburgh; Kœberlé; and other able Surgeons.

You do not meet the point at issue. Of your great skill and success we have no doubt whatever. We have expressed our appreciation of them. But we do not believe that your skill is due to Experiments upon Animals; or, that you have made “A Discovery” by Vivisection. The flattering praises of the eminent persons you put forward, are, doubtless, very gratifying to you;—still, they are not argument. They do not demonstrate that you achieved the “Crowning Triumph of Vivisection;”—removed an “*opprobrium medicorum*,”—and saved the lives of thousands of Women through a “Discovery” made by “Experiments” on a few Guinea-pigs, Rabbits, and Dogs.

In reply to your quotations of Dr. Keith’s kind expressions in the *British Medical Journal* of 1873, pray permit us to refer you to his comments in the *British Medical Journal* of October 19, 1878, relative to the Samaritan Hospital and its Reports.

We shall have pleasure in complying with your request as to the Publication of your Note with the rest of the Correspondence.

I remain,

Yours sincerely,

GEORGE R. JESSE,  
Honorary Secretary, &c.

T. SPENCER WELLS, Esq..

3, UPPER GROSVENOR STREET

LONDON. W.

"Publicity is the Soul of Justice."—BENTHAM.

TO THE PEOPLE OF GREAT BRITAIN  
AND IRELAND.

CORRESPONDENCE

WITH

DR. CHARLES CLAY, M.D.

ON

OVARIOTOMY.

MANCHESTER,

April 6th, 1880.

MY DEAR SIR,

I am very much obliged to you for the Pamphlet Correspondence between T. Spencer Wells and yourself, with which I was much interested.

Fifteen years after my first operation, (in 1842), T. S. Wells came to Manchester to be present at one of my Operations, and made many enquiries, amongst which,—"*Did I include the peritoneum in my interrupted sutures?*" I replied,—"*Certainly:*" and gave as my reason, that in two Cases where the suture had not included the peritoneum Hernial protrusions had followed. I also added, that Peritonitis could only be set up *once* whether the sutures included the Peritoneum or not. I was for some time after in correspondence with Mr. Wells, but never heard of Vivisection in connection with Ovariectomy, nor can I perceive any advantage that Ovariectomy has received from such experiments. All my operations from first to last have shown the same average amount of success,—about 75 per cent. I have never practised, nor yet countenanced Vivisection. I have given up operating after 400 Cases and about 100 Deaths.

I am, Dear Sir,

Yours obliged.

CHARLES CLAY, M.D.

G. R. JESSE, ESQ.

HENBURY, MACCLESFIELD, CHESHIRE.

7 April, 1880.

MY DEAR SIR,

I am gratified by your kind letter, and to learn that you coincide with Dr. Lawson Cape and ourselves as to Mr. Spencer Wells not owing his operative success to Vivisection. As you informed him in 1857 when he came to see you in Manchester, that you included the Peritoneum in the Sutures when performing Ovariectomy on Women, it is not easy to perceive what object he could have had in view in "experimenting" afterwards on the Peritoneums of Animals. Indeed, the statements made by Mr. Spencer Wells to Dr. B. W. Richardson, and the Bishop of Peterborough, (*See* pages 8, 9, and 10 of our Correspondence with Mr. Spencer Wells), appear inconsistent with pre-established facts and knowledge, and the Public may be of opinion that such statements require explanation.

Sir William Ferguson asserted, in 1875, that "*In Surgery he was not aware of any of these experiments on the lower Animals having led to the mitigation of pain or to improvement as regards Surgical details.*"\* We have an impression that Mr. Spencer Wells' experiments are no exception to that rule.

Hoping you have no objection to the publication of your valuable communication.

I remain, dear Sir,

Yours sincerely.

GEORGE R. JESSE.

Honorary Secretary, etc.,

SOCIETY TOTAL ABOLITION VIVISECTION.

DR. CHARLES CLAY, M.D., MANCHESTER.

\* *See his Evidence in the "REPORT OF THE ROYAL COMMISSION ON THE PRACTICE OF SUBJECTING LIVE ANIMALS TO EXPERIMENTS FOR SCIENTIFIC PURPOSES."* Page 50, Question 1049.

# OVARIOTOMY.

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LETTER FROM

ROBERT McCORMICK, R.N., F.R.C.S.

Deputy Inspector-General of Hospitals and Fleets ;  
Chief Medical Officer and Naturalist to the Antarctic Expedition  
in Voyage of "Erebus" and "Terror," &c., &c., &c.

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To GEORGE R. JESSE, Esq.,  
Honorary Secretary and Treasurer for the Society for the Total  
Abolition of Vivisection, Henbury, near Macclesfield, Cheshire.

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WIMBLEDON, April 12th, 1880.

MY DEAR JESSE,

I need scarcely say, I have read your Pamphlet on the "Ovariotomy Controversy," which you kindly sent me, with the deepest interest and satisfaction; and from the able and skilful way by which you have disposed of your opponent, I look upon your letter as a masterpiece of reasoning, which would have done credit to either a Legal or Medical Authority. None could have acquitted themselves better,—few so well. Indeed, so little have you left to be said on the subject, that, but for my being a "Member of the Council" of the Society which owes its very existence to yourself and for which you have so indefatigably and honourably laboured, I should not have felt myself called upon to make any comments at all,—so complete and exhaustive have been your own discussion of the subject in all its bearings.

I fully agree with you that whatever weight high-sounding Names may for a time carry with them in favour of Vivisection,

and with all due respect for LORD SELBORNE, the BISHOP OF PETERBOROUGH, or even that all-powerful, able, and usually far-seeing and clever Organ, the TIMES, all must eventually yield to the stubborn influence of facts and experience.

The question at issue is one belonging more especially to the province of the Anatomist, by whom the problem must finally be solved. And I have too high an opinion of my fellow Countrymen, for one moment to suppose they would encourage a system of barbarous wanton cruelties of exotic growth and introduced but recently by foreigners under the term of "Vivisection," having for their victims helpless Animals. I have reason to believe that the majority of our Noble Profession cannot but agree with me that "Vivisection" never did and never will advance either the interests of Science, or even by the most indirect means enable that Profession to mitigate the sufferings of Humanity one iota. Take, for example, the subject under discussion,—“Ovariectomy :” —what does it really owe to the Dissection of Living Animals? Let the Professors and Supporters of this cruel and un-English system answer for themselves if they can. It appears to me conclusive enough that in respect to the Operation itself, Surgeons are far from being unanimous as to whether the Peritoneum should be included in the sutures or not, and DR. THOMAS KEITH of Edinburgh, the most successful of all the operators in Ovariectomy, is silent about it.

Vivisection is not only useless, but since its introduction into this Country must have done much injury to Science and Humanity—disposing our young Medical Students to become callous and indifferent to suffering; as well as leading its Professors to false inferences and conclusions inseparable from Experiments on the Lower Animals, which Experiments cannot be relied upon in operations on the Human subject. In the Newt, a small Lizard, the most severe mutilations to the body are repaired by Nature, even to the reproduction of a tail or the feet when broken off. Again,—some poisons destructive to Human life are innocuous to some Animals, etc., etc.

If I have written somewhat strongly on this painful subject, it is because I not only feel strongly but Comparative Anatomy has been a life-long pursuit of mine, and now, as an “Octogenarian,” still has its charms for me as when years long past dissecting the

Great Penguin of the Antarctic Seas I found the beautiful arrangement, so wonderful in design, of a circle of small muscles surrounding the insertion of each feather in the skin, which enabled the bird to rotate them on coming out of the water, and which had so often attracted my attention and was subsequently so beautifully described in a series of plates of the Penguin at the Royal College of Surgeons by my distinguished friend, Professor OWEN, from the specimen I sent him for the College Museum.

Ever,

My dear Jesse,

Faithfully yours,

R. McCORMICK. R.N.

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LETTER FROM

LAWSON TAIT, F.R.C.S., &c. &c. &c.

7, GREAT CHARLES STREET, BIRMINGHAM.

*September 17th, 1880.*

DEAR SIR,—

I have received your Pamphlet, containing a discussion of some of the details of the history of the operation of Ovariectomy and its performance. With many of your conclusions I agree, more particularly with those concerning the inclusion of the Peritoneum, which does not, I think, exercise any appreciable influence on the mortality of the Operation.

May I ask for a reference to the record of the performance of Ovariectomy in 1701, by Dr. Robert Houstoun, which you give at p. 10? I have missed any allusion to this important fact up to this time. Was it Dr. Robert Houstoun, of Glasgow?

I am glad to see that you give Dr. Charles Clay and Mr. Baker Brown their just credit in the establishment of the operation.

Yours truly,

LAWSON TAIT.

GEORGE R. JESSE, Esq.,

Henbury,

Near Macclesfield.

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## THE BRITISH MEDICAL JOURNAL,

*August 7th, 1880*

## THE HISTORY OF OVARIOTOMY.

SIR,—

Let me draw attention to an authority that "AUCTOR" has entirely overlooked in his letter on the History of Ovariectomy. In the third volume of Sir James Simpson's Works, edited by Professor Alexander Simpson, pp., 488-9, there occurs the following passage.—

"An analysis of Dr. Clay's cases furnishes a still more convincing proof of the fallacy of the objection to Ovariectomy which we are now considering. (The operation is as fatal now as it was at first.) Dr. Clay published the following table of the results of his operations in the year 1856, up to which time he had performed it in seventy-one cases.—In the first 20 operations, there was 1 death in every  $2\frac{1}{2}$  cases; in the second 20 operations, there was 1 death in every  $3\frac{1}{3}$  cases; while in the last 31 operations, there was 1 death in every 4 cases. Such a table shows how, in the hands of a careful and intelligent operator, the mortality from this severe operation may go on diminishing, till now Dr. Clay is able to perform Ovariectomy with a better prospect of success than surgeons can ever have when having recourse to some of the more serious though very common surgical operations.

. . . The results of the operation, in the hands of one operator at least, are not included in the table I have given. I refer to those of Mr. Spencer Wells, who has latterly devoted much attention to the improvement of Ovariectomy, and who tells me that he has performed the operation now in sixteen cases, and has lost only six of his patients. In other words, the operation has been attended, in the hands of Mr. Spencer Wells, with a mortality of  $37\frac{1}{2}$  per cent., or of one in  $2\frac{2}{3}$  of all the cases: a high ratio of mortality, no doubt; but still, as he remarks, less than that attendant, in our Metropolitan Hospitals, on Lithotomy in the Adult, or Amputation of the Thigh."

I am, yours faithfully.

ANDREW S. CURRIE, M.D.

Lydney, Gloucestershire.

*July 28th, 1880.*

## THE BRITISH MEDICAL JOURNAL.

August 21, 1880.

## THE HISTORY OF OVARIOTOMY.

SIR,—

Now that you are upon the subject of Ovariotomy, and disposed to do justice all round, there is one little point in the literary history of the operation about which you may as well be exact.

It was Peaslee who first made the calculation as to the amount of life gained by what had been done by Ovariotomists in America.

The writer of the article in the *British and Foreign Medical Review*, on three books published simultaneously on the subject in 1872, applied this mode of calculation to the operations done by Wells. Lord Selborne merely quoted this review in an unreported speech made at the Samaritan Hospital. Why, then, the incessant parading of his name in reference to the matter? The review is silenced, but the Lord Chancellor still counts for something.

Your obedient servant.

WILLIAM WOODHAM WEBB.

PARIS,

August 9th, 1880.

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 DR. B. W. RICHARDSON, M.D., &c.,

ON

CONTAGIOUS DISEASES AND ANIMALS.

“THE VETERINARIAN” OF JULY, 1867, VOL. XL.—No. 475—contains an article entitled, “*The Relations between Human and Veterinary Medicine.*” The following observations will be found there.

“A pamphlet (*‘The Poisons of the Spreading Diseases,’* by B. W. Richardson, M.A., M.D., F.R.C.P.), published a few weeks ago on the subject of contagious diseases, their nature and mode of distribution, formed the substance of a Lecture delivered at Leamington in October, 1865, by a medical man of undoubtedly

high scientific attainments, and who is deservedly held in great repute in human medicine. This gentleman is, and has been, a renowned experimenter on Animals, and should, therefore, be expected to know something about them. . . . In the few allusions I am about to make it will be seen how inapplicable certain doctrines which find favour in human medicine, are, when applied to that of the lower Animals. . . . He (Dr. Richardson) says, in reference to the contagious principles or elements of disease ;—‘ As regards the organic poisons themselves and their physical properties, I would, in the first place, point out that the great type of them all is represented by the poison of any poisonous snake. If I were going to speak of a family of plants, or a family of men, or a family of animals, I should take one great type, and then describe from that ; and in presenting to your minds an idea of the organic poisons which produce the spreading diseases, I take the poison which is in the poison-bag of a poisonous snake, . . . It is the great type of all the poisons which produce disease.’ ”

“ Surely (observes ‘ THE VETERINARIAN ’) this is a mistake ; or, if not, the comparison would never hold good in Veterinary medicine. Snake poison is a healthy secretion ;—the virus of a contagious disease, at least in the lower Animals, is the product of a morbid state ;—a certain and appreciable quantity of snake poison is required to produce its effects in a marked form, and the animal so affected has not the power to affect another ;—the virus of a contagious malady, on the contrary, if introduced into the body of a creature, no matter in how small a quantity, has yet the (we might term it vital) property of inducing a like malady to that which produced it, and so on through any number of animals under certain circumstances. . . . The poison of snake-bite, or the poison of any venomous animal no more resembles that of a contagious disease than does the active principle of opium or tobacco resemble the vaccine virus or the contagion of cattle plague. There is no analogy or typical resemblance whatever, the Veterinarian would say.” . . .

“ It is (asserts Dr. Richardson) also clear that Animals give us disease. *For instance, the disease small-pox is connected with the disease of the horse called farcy.*” . . . “ What is the meaning of this ? (says ‘ THE VETERINARIAN. ’) It takes one’s breath away ! Farcy and small-pox connected ! What has the

regular medical of high scientific attainments in the nineteenth century arrived at? Surely we have gone scientific mad, or have been reading 'Comparative Pathology made Easy.' &c., &c.

The utterance of this "renowned Experimenter on Animals,"—his comparing the virus of contagious disease to a healthy secretion!—is another instance, apparently, of the effect produced upon the brain by dwelling long on a morbid idea,—by pursuing a practice contrary to Nature.

This Physician published in 1879 a Book bearing the title of "DISEASES OF MODERN LIFE." In this production is a singular statement which might have come from the mouth of one of the Alchemists of old,—one of the "Adepts" who sought "A Universal Medicine."

"Science has been bold enough, in fits of unguarded enthusiasm and self-assertion, to look for means to meet and neutralise the phenomena; to make what has been called an art of 'rejuvenescence'; to sustain the matured man in perpetual maturity; or to bring back the declining man to adolescence. In this effort her success, *should she succeed*, would be but a perversion of nature; she must needs then destroy the 'rejuvenescence' of nature, the new physical birth, in order to sustain a race of old individualities; or, supplementing natural growth with renewed forms of growth, she must invent a new planet for the excess of life she would inflict." (!)

Can anything be found, even in the ten volumes of the doctrines of Paracelsus, who laid claim to the possession of "The Philosopher's Stone" and "The Elixir of Life,"—which surpasses the foregoing?

"*Pessima enim res est errorum apothecosis, et pro peste intellectus habenda est, si vanis accedat veneratio.*"—FRANCISCI BARONIS DE VERULAMIO.

# NOTES.

NOTE A, to page 10.

See JOHN HUNTER'S "LECTURES ON THE PRINCIPLES OF SURGERY," in "THE WORKS OF JOHN HUNTER, F.R.S., with Notes. Edited by JAMES F. PALMER. London: 1835." Vol. I., page 573.

NOTE B, to page 11.

As the opinion of that true son of Esculapius, the great Surgeon and Physiologist, Sir Charles Bell, is deserving of the highest consideration on the question of the utility or fallacy arising from Painful Experimentation upon Animals, the entire passage is quoted below:—

"Anatomy is already looked upon with prejudice by the thoughtless and ignorant: let not its professors unnecessarily incur the censures of the humane. Experiments have never been the means of discovery; and a survey of what has been attempted of late years in Physiology will prove, that the opening of living animals has done more to perpetuate error than to confirm the just views taken from the study of anatomy and natural motions.

"In a foreign review of my former papers, the results have been considered as a further proof in favour of experiments. They are, on the contrary, deductions from anatomy; and I have had recourse to experiments, not to form my own opinions, but to impress them upon others. It must be my apology, that my utmost efforts of persuasion were lost, while I urged my statements on the grounds of anatomy alone."—Page 218.

“PHILOSOPHICAL TRANSACTIONS OF THE ROYAL SOCIETY OF LONDON.” For 1823. “THE NERVOUS SYSTEM OF THE HUMAN BODY. By CHARLES BELL, F.R.S. London: 1830.” (Read before the Royal Society.)

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NOTE C, to page 23.

“His, (Mr. Baker Brown’s,) own method of dealing with the pedicle by the cautery at once lowered the mortality to one-half of that with the clamp.” . . . “I took to Mr. Brown’s method in a sort of despair.” . . . “The cautery alone gave the best results of all the methods before. It gave better results fifteen years ago than any other method can yet show with antiseptics.” . . . “Have I not reason, therefore, for saying that, had Mr. Baker Brown lived, the history of Ovariectomy since 1864 would have been changed; and that, in making his calculations, Lord Selborne would have to add three times the number of years to the lives of Women saved by Ovariectomy.”—THOMAS KEITH. *Edinburgh, July 25, 1880.*

“THE BRITISH MEDICAL JOURNAL,” *July 31, 1880.*

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NOTE D, to page 23.

Mr. Lawson Tait, F.R.C.S., &c., who has had great experience and distinguished success in Ovariectomy, says in “THE BRITISH MEDICAL JOURNAL” of August 21, 1880,—“I have abandoned Listerism, as a source of more danger than advantage; and yet I am getting now success as great as Dr. Keith’s.”—*Birmingham, August 7th, 1880.*

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NOTE E, to page 23.

Dr. Thomas Keith asserts in “THE BRITISH MEDICAL JOURNAL” of *July 31, 1880*:—“As to the other point in Dr. Clay’s letter, of which so much has lately been written—the uniting of the peritoneal surfaces in closing the wound—

little or no importance need be attached to it as affecting the mortality."

Dr. E. Randolph Peaslee says—"The inclusion of the Peritonæum by the sutures which close the incision was first practised by Dr. Alban G. Smith, in 1823. . . . The success of the operation does not turn, certainly in most cases, on this point, and most operators, previously to 1850, avoided the peritonæum when introducing the sutures," &c. See pages 242, and 481 of "OVARIAN TUMOURS: THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT, ESPECIALLY BY OVARIOTOMY. By E. Randolph Peaslee, M.D., LL.D., &c. &c. &c. New York: D. Appleton & Co., 549 and 551, Broadway. 1872."

NOTE.—\* See likewise the same opinion enunciated again by Mr. Thomas Bryant, F.R.C.S., in his well known work "THE PRACTICE OF SURGERY. A MANUAL: SECOND EDITION, REVISED AND ENLARGED. VOL. II. LONDON: J. & A. CHURCHILL. 1876."

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NOTE F, to page 25.

Peaslee states, "The term Ovariectomy was first proposed by Sir James Y. Simpson to Dr. Charles Clay, of Manchester, England, in 1844." See "OVARIAN TUMOURS: THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT, ESPECIALLY BY OVARIOTOMY. By E. Randolph Peaslee, M.D., LL.D., &c., &c., &c. New York: D. Appleton and Company, 549 and 551, Broadway, 1872."

Peaslee also says in the same work, "To Dr. Charles Clay, of Manchester, however, more than to all other operators, the credit belongs of having placed the operation of Ovariectomy on a sure foundation. Fehr calls him 'the original hero' of this operation. . . . He continued to maintain his pre-eminence, and in 1866 had operated 137 times, and had 95 recoveries. He at length overcame in a great degree the opposition in England to Ovariectomy, by his fairness in reporting his cases, his scholarship, and especially by his success."—Page 272.

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Sir William Fergusson, Bart., Serjeant-Surgeon to the Queen, expressed himself as follows. "My personal experience in the

operation last referred to has been comparatively limited ; yet, though prejudiced against it in my early education, I now feel bound to state that the removal of such formidable disease by one or other of the various proceedings at first executed in this country by Mr. Lizars, and now practised by Dr. Clay, Dr. Bird, Mr. J. B. Brown, Mr. Walne, and others, is not only justifiable, but in reality, in happily-selected cases, an admirable proceeding."

See "A SYSTEM OF PRACTICAL SURGERY."

*3rd Edition. Page 792,*

Dr. E. Randolph Peaslee also informs us in the before-mentioned Work on Ovarian Tumours, and the progressive success of Ovariectomy,

"*Dr. Charles Clay's Statistics.*—Up to December 1, 1871, Dr. Clay had performed two hundred and fifty Ovariectomies, with one hundred and eighty-two successes—72·8 per cent.

*Mr. T. S. Wells's Statistics.*—Up to September 1, 1871, Mr. Wells had completed the operation of Ovariectomy four hundred and forty times. Of four hundred of these cases, he has made reports as follows :—

Of the first one hundred cases	66 recovered and	34 died.
Of the second	72	28
Of the third	77	23
Of the fourth	78	22
	<u>293</u>	<u>107</u>

Here is seen a progressive increase of success which must, doubtless, be mainly ascribed to increasing skill from a large experience. . . . Out of the whole four hundred cases, Mr. Wells saved *seventy-three and a quarter per cent.*"—Page 328.

"Dr. Charles Clay treated all of his first 250 cases with the ligature, and had 182 recoveries ; Mr. Wells treated his first 250 cases generally, *i.e.*, if the pedicles were long, with the clamp, and the remainder of the cases mostly with the ligature, and had 180 recoveries."—Page 460.

In the face of the foregoing statements made by Fergusson and Peaslee as to Dr. Charles Clay, how could Dr. Keith assert, and



Mr. T. Spencer Wells quote the assertion, that, before he, Mr. T. Spencer Wells, began his work in 1858, "Ovariectomy was then as an operation simply nowhere." ?

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The *British Medical Journal* of June 19, July 3, 17, 24, 31, August 7, 21, 28, and September 4, &c., 1880, contains Leaders on Ovariectomy by the Editor, and Letters on Ovariectomy by Dr. Charles Clay, Mr. T. Spencer Wells, F.R.C.S., "Auctor," Dr. Thomas Keith, Dr. A. S. Currie, Mr. Lawson Tait, F.R.C.S., Dr. W. Woodham Webb, and Dr. G. S. Keith, &c. Dr. Charles Clay states in the above Correspondence,—“In my opinion, Vivisection has no more to do with advancing the success of Ovariectomy than the Pope at Rome. I agree with what Sir William Ferguson expressed in 1875: ‘That in Surgery he was not aware of any of these Experiments on the lower Animals having led to the mitigation of pain, or to improvement as regards Surgical details.’”

The above-mentioned Controversy in the columns of the *British Medical Journal*, on the History of Ovariectomy, is of a nature to benefit the cause of Animals. To correct misapprehension it is advisable to state the Correspondence arose from the action of *The Society for the Total Abolition of Vivisection*, and that several of the letters passed through the hands of its Honorary Secretary prior to their publication, and were forwarded by him to *The British Medical Journal*.

GEORGE R. JESSE.

*Honorary Secretary.*

FINIS.

