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In. 712

REMARKS

ON

OVARIOTOMY;

BEING

A POSTSCRIPT TO THE AUTHOR'S WORK ON TUMOURS;

BY

GEORGE MACILWAIN, F.R.C.S.

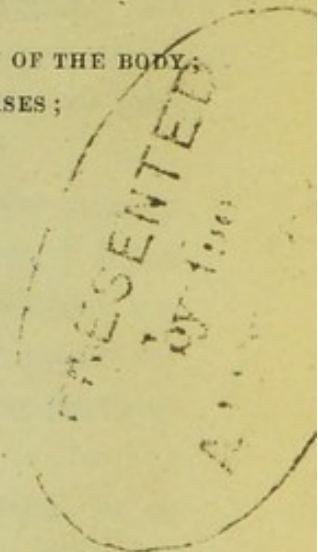
AUTHOR OF MEDICINE AND SURGERY ONE INDUCTIVE SCIENCE;
ON THE NATURE AND TREATMENT OF TUMOURS;
ON THE OPERATION FOR STRANGULATED HERNIA; ON THE UNITY OF THE BODY;
ON CONSTITUTIONAL TREATMENT OF CUTANEOUS DISEASES;
ETC. ETC. ETC.



“Festina lente.”

LONDON: JUNE, 1863.

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REMARKS

REMARKS ON OVALARIUM

The first of these is the fact that the
ovarium is a gland of the female sex
and that its function has been to impress the necessity of
reproducing all diseases from the same ground of a
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exact and comprehensive induction of facts than has
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purpose to content ourselves with any one series of
facts which would be of no use to us in our
or relations, however important; we must discard all
conceived notions as to the relative importance of this
influence, and not attempt to generalise with us but
based all the facts which have the slightest bearing
on the subject investigated. In every other
going remark (except to pupils) would be a true
medical science it reports a set of facts which
to him as it is so, the value of medicine is
a science is simply impossible.
On the contrary, with a careful and complete
of the phenomena of health and disease, we
show already, and in a manner which
may not only show, but also in a manner
but which open to us a field and details of
enquiry.
Whether that which we consider as a
generalisation of facts, only an effort to progress
it has the advantage that it is not affected by
of its application. It is a principle which
regard to the value of the facts which are

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REMARKS ON OVARIOTOMY.

THOSE who have done me the honour to peruse my Observations on Tumours, or any of my later works, will have seen that my desire has been to impress the necessity of investigating all diseases from the vantage ground of a General Pathology, by means which involve a much more circum-spect and comprehensive induction of facts than has been hitherto employed. It is of no use whatever, for scientific purposes, to content ourselves with any one series of facts—as morbid anatomy, for example—or with any one series of causes or influences, however important; we must discard all preconceived notions as to the relative importance of this or that influence, and not attempt to generalise until we have collected all the facts which have the slightest perceptible bearing on the subject investigated. In every other science, the foregoing remark (except to pupils) would be a trite truism. In medical science, it repeats a notoriously neglected principle. So long as it is so, the raising of medicine and surgery into a science is simply impossible.

On the contrary, with a careful and comprehensive survey of the phenomena of health and disease, we may, as I have elsewhere shown already, arrive at generalizations, whence we may not only deduce principles of a more scientific practice, but which open to us clear and definite questions for further enquiry.

Whether that which we establish as a principle be a generalization or law, or only an axiom in progress thereto, it has this advantage, that it is not affected by varieties in practice or application. If a principle be worth anything in regard to operations, it will be found just as true in

regard to operations which may be performed at any future time, as to any of the past or present which may have formed the most impressive illustrations of it. In the remarks I am about to offer on the present state and future prospects of Ovariotomy, I wish them to be understood as deductions from the laws which I have formerly enunciated, and as being regarded indifferently, as present illustrations of these laws, or as challenging such tests as the future may present of the soundness or error of them.

I have no space to repeat these laws here ; but I must say a few words in relation to their general tenor.

They assert that there is one law by which all injurious influences on the body are resisted or disposed of as the case may be ; and that when not disposed of by secretion, either from the organ on which they impinge, or by some compensating organ, the next processes which take place in order of conservation, have for their one general character some kind of deposition. That whether this be any of those we recognise under the various terms of inflammation, thickening, opacity, tumours, fatty, fibrous, benign or malignant, and so on, the law always determines them to or *towards* the surface, just as happens in many cases of bullets or other foreign bodies ; and that, in diseases where morbid actions involve depositions on deeper surfaces of the body or on organs (which are common enough), this is merely the result of interfering influences, which are not only for the most part discoverable, but the discovery of which at once discloses the *really proper treatment* of the case.

Whether this generalization be admitted or not, the chief grounds of it are at least indisputable facts. I can only here advert to a few. Depositions on or in the skin and its cellular tissue are far more numerous than all other diseases put together. Affections of the mucous membranes form the next class in order of frequency, as may be observed in the cases of common colds, their various sequences, and other multiform diseases of these structures.

And although ultimately the internal organs of the body

become the seats of morbid deposits, yet for one case in which the organ becomes the site, probably many hundreds take place in the membrane covering it. And this is equally true of the brain, lungs, heart, liver, alimentary canal, and, as dissection has proved, the testes also.

That as we pursue the enquiry, it leads us, not only to perceive the conservative influence of this law, but also to the very important fact that (local injury apart) the site of the *deposition* and the site of the *cause*, are *seldom if ever the same*.

This gives an interesting significance to a remark made by Hunter in regard to sympathy; viz. that in some cases the sympathizer is more marked than the organ with which it sympathizes; and to a further step made by Abernethy, who remarks, that sometimes an organ might be greatly disordered without evincing it by any symptom. Neither of these illustrious men, however, went further towards the law to which I have referred; which is curious; since what Hunter says in relation to bullets and other foreign bodies, as well as his remarks on abscesses, are illustrations of it. I must, however, refer the reader who wishes to consider this further, to my observations in "Medicine and Surgery one Inductive Science;" a work which, I regret, the time, expense, and the little encouragement given to scientific medicine, still oblige me to leave unfinished.

In speaking of the practice in regard to those depositions to which the term Tumour is especially applied, I have stated that they can alone result from errors in the nutritive forces of the body, in the extended sense of the term; and that the absorption of them can only be achieved by the correction of such errors. That removing a tumour by operation "because it is growing large" (the reason usually alleged) is, with exceptions presently to be stated, simply absurd; because the very fact of its increase shows that you have not removed the cause on which its growth depends. The exceptions are, where the tumour is already approximating itself to important parts, with which any closer connection would increase the danger of removing

it, or where it is already interfering by its bulk with the functions of important organs,—with some others not material to our present purpose.

Of late years, the removal of diseased Ovaries by extirpation has been brought prominently before the profession. A vast number of operations have been performed, with different results. Dr. Robert Lee, who is opposed to Ovariectomy, brought forward reports of 566 cases; of these, about one half were cases of success, so far at least as regarded recovery from the operation; nearly one half, on the contrary, terminated fatally.

Now, these are facts which urge the necessity of patient enquiry; and it is equally clear that results so different must have necessarily involved the elements of the most valuable instruction in diagnosis. Nothing would have been more easy than to have organized a plan for the collection of all cases; and as this could not be done by any individual, it was the paramount duty of Medical Societies, and a national duty in those with Charters, to have inaugurated such a plan. Instead of which, nothing has been done, and questions which might have, with a very reasonable share of industry, been settled in a couple of years, like many others of like gravity, and which (so far as surgical interference is concerned) may affect the safety or destruction of hundreds of lives, have been left to be determined at some distant period by the uncertain and conflicting oscillations of individual experience.

This state of affairs has naturally led to a controversy, in which (as in most similar cases) the character of judge has been replaced by that of advocate, and a tone observed much more like a contest for victory, than a desire for the elucidation of philosophical truth.

Now, lest I should be held as directing any observations I may offer as to the conditions necessary to be observed in operating, exclusively to Ovariectomy, I may at once remark that it appears to me, if operative surgery is to do anything but obscure the science, it should at least contribute to en-

lighten ; it must undergo considerable revision. At this time, so little are the most obvious requisitions of science observed in the records of operative surgery, that we seem to be drifting into a position more suggestive of a retrograde association with that chief of barber surgeons, Ambrose Paré, than that sketched for us by our illustrious countrymen, Hunter and Abernethy. It is not at all impossible that Ovariectomy, in the investigation required to improve our diagnosis, may, if honestly carried out, be the means of inaugurating an improved phase to the whole of operative surgery. For we require much more full and faithful records of all the cases, whether of success or failure ; we require also very much more analytical records of the antecedents of the patients. Again, all possible means permitted by the patients should be employed for ascertaining the results of the cases, not only with a view to test the degree of permanent benefit, but to ascertain the nature and cause of death.

Pursued in this way, operative surgery might very soon assume a more scientific position, and assist in elucidating the natural history and relations of diseases, which it now so often serves only to obscure. I by no means would be understood as undervaluing the operative part of our duties—but I would restrict them to their use. No man valued operations less than Hunter and Abernethy as tests of excellence, but no men improved them more. Hunter, in the substitution of better modes of proceeding ; Abernethy, in the penetrative sagacity with which he defined the application of those already known. With regard to the fatal cases of ovariectomy, I shall endeavour to include the few observations I have to offer under the following heads :—Local diagnosis, constitutional diagnosis, mode of operating, after-treatment ; and conclude with a very few remarks on the present treatment of these diseases.

DIAGNOSIS.

There are two questions to be kept in view in all operations, which, occurring in a sort of parallelism, are apt to be confounded, but which involve an important distinction. The one, the *immediate* danger of the operation; the other, the *ultimate* advantage of it.

The mere circumstance of recovery from the immediate effects of any operation is not *necessarily* any argument in proof that it was a vindicable proceeding. This is so obvious, that I need not illustrate it by the "reductio ad absurdum" of which an opposite view is susceptible.

The illogical manner in which medical controversies are too often conducted, not unfrequently adds confusion to difficulty; whilst, occasionally, really important questions have become merged in some point of no consequence at all, or which might have been easily made the subject of direct demonstration. Of this the discussion on the speculum vaginae may be cited as an example. This was conducted chiefly by gentlemen who are said to practise specially; and therefore surgeons are not responsible for the character of the discussion, unless it be for the reticence they observed in not endeavouring either to put a stop to it, or to confer on it a tone more becoming a philosophical enquiry. The dispute turned, strangely enough, on the occurrence or non-occurrence of certain forms of ulceration about the mouth and neck of the womb. One would have thought that the speculum might have settled the point, as readily as it seems to have exposed certain abuses of that mode of examination; viz. by demonstration. But whilst one party were engaged in advocating the particular treatment of certain ulcerations, the very existence of such was denied by the other. Now the real question here lay (so to speak) so merged in the advocacy of a particular form of treatment, that, by a suppressed premiss, it was taken for granted that, such ulcerations present, local administrations were necessary. I have no hesitation in expressing my conviction that the

surgery of the outlets of the body, and the structures they involve, does not require any local treatment of this kind. The surgery of these parts is gradually becoming disencumbered of that farrago of so-called applications, which obscured the treatment of such cases. I believe that those who have really studied the structures affected, seldom employ that catalogue of ointments, solutions of metallic oxydes, or that endless variety of washes or injections, which are the "numerous and dissimilar progeny" of that Farriery which, in former times, would not allow a simple wound to heal, until it were smeared with Friar's Balsam. In my experience, the proper local applications for all affections of these structures which are as yet within our power, is, in the first place, most perfect cleanliness; the most careful rest from all functions but such as are absolutely necessary; a position favourable to the easy circulation of the blood in the part; appropriate diet; and attention to the well-equalized performance of the various functions with some special care of the lower bowels and skin. If the disease involve obstruction of any of the external canals of the body, we overcome it by the appropriate means, either gradually or at once, according to circumstances. Nothing is less to be commended than any hesitation in making any examination which is really necessary; but any one having the most ordinary pretensions to the feelings of a gentleman will be careful in avoiding all examinations which are not so. The whole subject requires careful revision; it is full of confusion. Women are so uninformed, that they sometimes regard these examinations as proofs of superior care and attention; and thus unwittingly encourage that which they ought to consider with a distrustful scrutiny. Now, during the late discussion, an eminent accoucheur, arguing on the side of the speculum, (is reported to have said that he saw no difference in the examination and exposure of one part of the body more than another. I must not digress further than to observe, that he might find evidence from the Highest Book we have, justifying in such matters that discriminating for-

bearance which he seems to ignore. For my part, when I read the remark, it reminded me of a story of Douglas Jerrold. A young gentleman at table was indulging in a generalization not very complimentary to our fair country women; Jerrold sat silent for a while; at last, he burst out from the other end of the table with the following: "Young gentleman, have you any sisters?" They say the effect was extraordinary.

Returning from this digression to the consideration of

LOCAL DIAGNOSIS.

It may be stated that at present, it is difficult, and in some cases not possible, to do more than to arrive at a suspicion of the real nature, site, and connections, of the tumour examined for Ovariectomy. If the Council of the Royal Medical Society had instituted the enquiry I suggested, and which seemed to be approved of by both sides, we should soon, I think, have been in possession of the elements of an improved local diagnosis.

We should soon arrive at greater accuracy in detecting the various conditions which we desire to distinguish. Such as the exact site occupied by the disease—the presence of fibrous or other diseases of the uterus—or of distinct growths,—of diseases of the peritoneum—also of the presence of adhesions of this membrane, and how far they were parietal, visceral, or pelvic, or all in combination. I should not have included Pregnancy as one of those conditions likely to escape detection, had I not heard of two cases in London, in which operations had been commenced, and in both cases, as I hear, with fatal issues. One of them occurred in the practice of a gentleman who, I believe, practises specially; the other in an Hospital. At present, two things seem to be indisputable: first, that the diagnosis is seldom so clear that the first incision can be prudently regarded as other than exploratory; and secondly, that the local conditions of the parts are very imperfect guides as to the prognosis of the ultimate, or even the immediate, results of the operation.

It is not unreasonable, perhaps, to hope that, with improved diagnosis, we may use less frequently, or abandon altogether, some of the means now employed for obtaining it.

I think the introduction of sounds into the uterus by no means free from objection, especially when we consider what very different things instruments are in different hands. I may not perhaps feel quite so strongly on this point as I gather that Dr. Robert Lee does; but from one so experienced in uterine relations, practical remarks necessarily have great weight. In a conversation I had with him on the subject, Dr. Lee said, "The passing of the sound was a very objectionable measure. He had known it in some cases produce dangerous and even fatal consequences; and he did not believe that in a single instance it had practically assisted the diagnosis; but that, on the contrary, it had in some cases the effect of misleading the examiner."

One of the directions I submitted to the Council of the Royal Medico-Chirurgical Society for circulation was as follows:

"Please to state your diagnosis, and the grounds on which you found it; and how far it was confirmed, modified, or contradicted by the operation; or, in fatal cases, by the post-mortem examination."

I need scarcely observe how contributory such reports, if faithful, would be to the rapid improvement in diagnosis.

ERRORS IN THE PERFORMANCE OF THE OPERATION.

These and such as arise from errors in the diagnosis of course sometimes combine; and there is little doubt that very serious mistakes have occurred, and in some cases been followed by fatal consequences. Those who have not paid much attention to operative surgery, may not have observed how much of the improvement in this inferior part of our duties has consisted in the abandonment of measures which were at different times considered to be essential to the safety of the patient, but which have since been proved to be the chief sources of fatal issue. In no district of the body

has this been more recently or painfully exemplified, than in the surgery of the abdomen. It is quite certain, that in the course of years many hundreds of patients have been sacrificed by the institution of means which were thought at one time the most essential part of the treatment; and this in relation to strangulated hernia alone.

I fear that, in general, it is not easy to get men to deduce details from general principles, so much as from some one point in practice; and therefore I shall venture to offer a few remarks here on the operation of Ovariectomy as suggested by the surgery of hernia. To those who will give the requisite attention to it, the surgery of the abdomen is sufficiently simple. That which is in our power is easily discerned; as also is that which we should avoid. But to those who do not pay this attention, or who have not cultivated the opportunities presented to them with sufficient freedom of thought, but contented themselves with established routine, the complications sometimes presented in operating in this district of the body become extremely disconcerting to the operator, and necessarily dangerous to the patients. These dangers are of course increased, if the case be undertaken by a "prerogative hand," or by one whose ordinary duties may not have led him to master this part of our profession. In operations in the abdomen, no extent of experience allows us to dispense with that caution, gentleness, and circumspection, which should preside over operative proceedings. We never know with what complications we may have to deal; and therefore, however practice may improve our diagnosis, it is in abdominal surgery seldom so clear as to leave no doubt as to its absolute accuracy, or its comprehensiveness. So much for a practical fact. Security for uniformity and correctness in detail, is best deduced from general principles. *E. G.* All operations involve the necessity of reparative processes, undertaken under greater or less degrees of interference (even if there be no other than this disturbance received by the operation itself); therefore all unnecessary amount of force, all unnecessary amount of incision, is to be avoided. Economy of

power also suggests the careful and adroit adjustment of divided surfaces. For similar reasons, the unnecessary presence or multiplication of any foreign bodies, or which act as such, or, in other words, necessitate additional processes on the animal œconomy, are of course so many elements of danger. This implies the cautious removal of effused blood, serum, and other secretion, and even the avoidance of unnecessary ligatures. In like manner, œconomy of power requires, after all operations, as the one thing necessary, absolute and well-guarded repose.

OF AFTER-TREATMENT.

So far as my inquiries have enabled me to form any opinion, I should say that few causes have been more productive of failure than the officious and unnecessary administration of medicine. Almost every medicine risks, and most medicines involve, more or less disturbance of that repose which is so emphatically the one thing needful. It is quite certain that many cases have succumbed to officious treatment.

One of the earliest cases the particulars of which were related to me (I mean that which occurred to the late Mr. Benjamin Phillips), the patient appeared to have fallen a martyr to peritonitis, immediately following the administration of purgative medicine; and it is no longer questioned that similar consequences have followed this practice in a vast number of fatal cases of strangulated hernia.

Mr. Spencer Wells, who appears to have had great success in Ovariotomy, is extremely cautious, not to say abstinent, in the administration of purgatives, or indeed of any other medicine, except an occasional sedative; and to those who had not witnessed what I have so often endeavoured to impress, as to the effects of simple repose in the most untoward cases of strangulated hernia, it must, I think, occasion some surprise to see how little affected some patients appear to be after Ovariotomy, if kept perfectly quiet and undisturbed by officious treatment.

I must not omit here to express my thanks to Mr. Spencer Wells for the ready courtesy with which he has allowed me to examine rather a considerable number of cases. Some of these, twelve in number, had undergone the operation, and were still living and appeared quite well—the time since the operation having, in different cases, been from a few months up to rather more than three years. Sharp phrases have been interchanged between some of the gentlemen who have taken the lead in the late controversy, and I did not feel it just to omit my thanks to Mr. Wells. As I perceive by the journals that he has a book in the press, which no doubt will tell us his experience on the subject, I will only add, that, as far as I have seen, Mr. Wells is cautious and circumspect in his diagnosis, and very judicious in his treatment.

Whenever we can collect a report of *all* the operations performed in this country, without any suppression of the unsuccessful cases, it is probable that the operation may be somewhat improved.

Wholesome restrictions may moderate the enterprize to which success sometimes gives rise, improved diagnosis beget a more successful discrimination in the selection of cases; and some points of detail may be advantageously modified. It is not difficult even now to suggest less objectionable modes of dealing with the pedicle, where large,—to reconsider the use of the clamp, its comparative advantage with other modes of ligature, and so forth. But without fuller and unreserved returns, we are not, I think, in a position to speak decidedly on several points which nevertheless suggest themselves for consideration.

Chloroform will probably in time be placed under a greater restriction than it is at present. It is rather a difficult question; and I have so strong a conviction of the many evils which the use of chloroform has contributed to perpetuate, that in candour I must doubt whether I may not unconsciously be thereby biased in my consideration of the subject. There is no doubt that, in all operations, chloroform in some

degree increases the danger; and in many proceedings, it constitutes the only source of it. It is impossible to deny that chloroform produces serious disturbance of the œconomy—that the recovery from this state is a certain expenditure of vital force—and that consequently, in serious operations, nothing would justify the employment of chloroform, but the conviction that the pain and the disturbance of the operation might be safely regarded as the greater evil of the two.

I say it with some diffidence, but still I do think that in many cases chloroform is the greater evil. That indiscriminate employment of chloroform now so common that even extraction of a tooth is regarded as a sufficient case for it, must surely be open to objection. I would respectfully remind gentlemen who thus employ anæsthetics, that however desirable it may be to perform operations with the least possible pain (and I should be sorry to think that any surgeon felt this more keenly than myself), yet that avoidance of pain is not the *chief* object in any operation; nor is it even a legitimate object, when the means employed imperil the safe accomplishment of that which is so—the prolongation of life as free as possible from disease.

Pain, like every thing else, however evil we regard it in the abstract, has often been the source of good. The natural history of disease, and the real resources of Nature, as distinguished from the disposition we have to restrict her powers to those within our knowledge, have often been developed in consequence of a patient having been deterred by fear of pain from submitting to a proposed operation. My general distrust of chloroform derives, even in Ovariotomy, some support from the authority of Mr. Clay of Manchester. Mr. Clay has operated, I believe, more frequently than any other surgeon in this Country. Notwithstanding that he employs chloroform in ovariotomy, he (as represented in the journals of the day) is of opinion that in some cases it exerts an unfavourable influence on the results of the operation.

He also adds, that in a patient who had sufficient reso-

lution to desire it, he should be disposed to dispense with its employment.

I have no desire to do more than to press the subject on the consideration of the profession, but it is impossible not to be influenced, in some degree, by the numerous instances in which chloroform has proved fatal, and in cases where it was impossible to attribute the death to any thing else.

After all, it appears to me that the proper adjustment of the advantages of Ovariotomy, and the successful selection of the cases justifying it, will depend on a thoroughly analytical development of the antecedent relations—in fact, what I have called the constitutional diagnosis, or status of the patient. It is notorious that, in operations of choice, this is too little regarded. I say of choice, because a conscientious surgeon, or even one who is in earnest as regards the requisitions of science, will always recognize the distinction of operations of choice and those of necessity. In wounds of large vessels, in strangulated hernia, for the most part in lithotomy, and in many other operations, the necessity of the proceeding is undoubted. There is no question as to the danger of delay, the relief from suffering, or the chances of prolonging life; and although we cannot entirely free any operation from the possibility of danger, yet the greater danger from leaving it undone, is, in these cases, as certain as the probability of benefit is undoubted. In the removal of tumours, or other abnormal depositions, the case is widely different—the danger indisputable—the advantage often equivocal—and the necessity seldom pressing. I repeat, too, that the mere circumstance of a patient recovering from the immediate effects of an operation, is not necessarily any proof that the operation was vindicable; and yet I believe that the disregard of this simple fact, and the absorbing influence of the question of recovery from the operation, have often misled the conscientious surgeon, as well as the unscrupulous or careless. Nothing, however, is more clear than that a surgeon who undertakes an operation without just reasons, is, as Abernethy said, only adding cruelty to calamity; and,

instead of being a minister of good, is, to use the emphatic language of John Hunter, no better than "an armed savage." As operations in general minister to effects only, it is clear that their complete and permanent success can depend solely on the present state of the constitution, and the disturbing influences to which it may be subsequently exposed. This is in theory acknowledged; but it is very imperfectly applied in practice. Operations of choice are not unfrequently performed without any previous enquiry into the constitutional condition that is worthy of the name; and I have myself, in a casual examination of a few minutes, suggested the abandonment of a proposed operation, on grounds which the fatal result too clearly confirmed. Although I am not alluding merely to cases of ovariectomy, yet the circumspection I would recommend is, here, especially necessary.

The examination of the law of depositions to which I have alluded, would, I think, convince any body that, for the most part, so-called diseases of the genital organs in women are rather diseases in the part than diseases of the part. They are depositions, the result of disordered conditions elsewhere, and are deposited in these organs in virtue of a comparatively conservative application of a law, which determines these depositions to organs which are not essential to life. This at once enlarges our enquiry: it is no longer restricted to the uterine history, but extends to all causes which may have acted, directly or indirectly, by hereditary influences, particular kinds of employment, &c.—on any organs of the body, or on the nervous system as a whole. We thus not only obtain something like intelligible grounds of prognosis, but also the interpretation of phenomena which appear at first opposed to the suggestions of experience. Thus, when we are told, as a curious fact, that patients with extensive adhesions will do just as well, or even better, than those in whom there are no adhesions—or when we hear it stated as singular that people in advanced life appear sometimes to do better than young subjects—we see, under the light of the law of depo-

sitions, something like an explanation of this. If, in a young subject, there be deposition in a site which is very low in the scale of conservation, having already employed those of less import, as skin, cellular tissue, &c. or been deficient in vital force to have employed them, pro tanto it implies a frail organization. On the other hand, there is nothing necessarily implying deficient natural force when sites are made the seats of deposition in advancing life, when, in the natural order of accidents and disease, the more conservative sites shall have been already exhausted. To those who have not looked at the multiplication of facts contributed by almost every variety of disease to the induction whence all this is derived, I feel a difficulty in making myself intelligible: but sometimes an illustration will enable a man to see a thing at once; and as one I made use of the other day had this effect, I will repeat it here. I was talking to a gentleman to whom I did not seem to make myself clear, as to why a young person might very intelligibly be the less auspicious case; and I said, when you see a man advanced in life walking with a stick you may think it a sign of advancing life, but not necessarily of an imperfect organization. But if you see a young person availing himself of such a support, you immediately infer, if he had not met with some accident, that he was weak or sickly. So, if you find Nature availing herself of extreme measures in the order of conservative processes, you are led to infer unusual gravity in the disturbing forces, or diminished power.

Now, in aid of collecting the whole of the evidence necessary to determine the state of the constitution, and by it the prognosis, I know of no plan better than the Table I many years ago submitted in the work on Tumours; with such additional questions as the special nature of the enquiry may suggest, and which I added in a copy of the Table I submitted to the Council of the Royal Medico-Chirurgical Society. I can assure those who have not tried it, that the tabulating facts will be found of great service; and, amongst

many other advantages, it has that of making work by induction more easy, and obtaining, in a proximate uniformity of plan, the elements necessary for any generalization.

By these means we should, I have no doubt, soon be enabled to determine with greater accuracy the really important question; viz. the probability of recovery from the immediate effects of the operation, and the chances of prolonging life?

But I hope for a good deal more, if I can get a reasonable number of surgeons, and still more, Public Bodies, to inaugurate an enlarged tabulation of the histories of cases. In the state in which the cases are too often presented to surgeons, I mean when the abdomen is distended by an enormous tumour which is displacing and otherwise disturbing the organs of the body, and the whole nervous system, what hope can we entertain of putting the organs of the body in really good condition under circumstances so unfavourable? And yet I have over and over again gone so far as to suspend and even diminish this effused fluid. The treatment hitherto employed is as unsatisfactory as it is empirical. I contend that, in regard to this disease, we labour under that most lamentable error of always acting as if our curative measures, instead of representing merely the limits of our knowledge or the extent of our ignorance, constituted the bounds of possibility or of the resources of nature. So that if any man moots the question even, or throws a doubt on the dogma which may have become conventional, he is in great danger of being set down as a quack.

Now, all operations imply that the resources of science have been exhausted. This, in relation to the treatment of diseases of the Ovary, I am disposed to deny. I am certain, in the first place, from my own experience, that, by careful and scientific treatment, many tumours in and about the generative organs may be kept for an indefinite period in check; and that moreover they are sometimes absorbed altogether. Not very long ago, a lady called on me who had been the subject of a disease thus absorbed. I say "in or about," because you

may recognize an abnormal deposition without being (in the absence of direct demonstration) certain of its exact site.

As for any treatment of which I have heard, such as the *empirical* employment of mercury, iodine, &c. or by injection of the sac by solutions of iodine or other materials, I have never seen them of any real or permanent advantage.

If indeed you employ mercury, or any other medicine, occasionally, for a definite purpose, such as inducing secretion from any organ from which your analysis of the case may have led you to desire it, that in the particular case may be of great service. Further, it may readily happen that where remedies have been employed without any definite object, still, if they should excite secretions from torpid or congested organs, of which the morbid deposit may represent the compensating function, they may of course prove serviceable. But this sort of random firing is reducing all science to little better than guess-work, and all success to mere accident.

As for injecting the sac, I suppose the idea arose from what happens in hydrocele; but the analogy is very strained. In the first place, there is seldom any disease in the testicle. Irritation acting on the gland has been transferred to the serous membrane; and the testicle has usually derived its condition from the urethra, sometimes from general disorder, at others from immediate excitants.

We know, from numerous examples, how often the removal of urethral condition has caused the absorption of the fluid of hydrocele; and that if, with attention to the general health, the fluid is not allowed to accumulate, but tapped as soon as it is safe to do so, what is called the radical cure is seldom necessary. For the *general* treatment of abnormal deposits, I must refer the reader to what I have written on Tumours. The special treatment of fluid deposits should be exactly the reverse of that which now seems to prevail. Allowing the fluid to accumulate in such quantities before it is evacuated, seems to me injudicious, and opposed to established principles. The bulk alone exceedingly adds to the

inconvenience and suffering of the patient; it complicates the case too by the weight and pressure which it exerts on the various organs, the equalisation of whose functions constitutes the basis of all successful treatment; and disturbs the nervous system, the tranquil condition of which is essential to our success in the correction of disordered function. I would not be understood as recommending a surgeon to be thrusting a trocar into every case which may be presented to him; but if, when a case is first seen, the accumulated fluid is such as reasonably to justify the opinion that its bulk or weight may be exerting injurious interference, and his preliminary treatment seems to produce no benefit, then I think the fluid should be evacuated; for it is not likely to produce any serious inconvenience, or to suggest tapping, unless the quantity and the fluctuation were sufficiently palpable to render it safe to do so. The surgeon will thus probably facilitate that equalization of the various functions of the body, or most auspiciously select the compensating function best adapted to supply that of any organ which may have proved unable or not easily excited to do its own work.

I must, however, close the few remarks I have now to offer. I am not without hope that the requisitions necessary in the investigation of Ovarian disease may in time give rise to a more inductive method of investigating disease in general, for which I have so long contended. Individuals engaged in an arduous profession, and in a country where the expense of living seems daily on the increase, can do but little in aid of the collection and tabulation of facts, the necessary steps to safe generalization. But it would be easy to Public Bodies to institute the requisite machinery; and if help were required in regard to expense incurred for the real purpose of largely collecting and duly tabulating facts, it would not be difficult to interest Government in the matter.

There are men, however reticent they may be with regard to the public expression of their sentiments, who hold very

strong opinions as to the inefficiency of both of the Bodies of which I have spoken. They allege that no representation will be of any use. That in one of the Bodies the questions chiefly thought of, are who are to be Secretaries, Presidents, Vice-Presidents, and so on; and in the other, that the culminating point of the ambition of men who have contributed scarcely any thing to the improvement of the Science of the profession, is characteristically determined by the acquisition of the lucrative privilege of conducting the elementary examinations of new members. Well, this may be so: the College of Surgeons may have its day; but though no admirer of this establishment, let justice be done. If the College have been this, and many other things which have been said of it, what has the Profession been about? I for one have not concealed my sentiments. How happens it that so many who entertain similar opinions have limited themselves to the private expression of them? Surely, if the College has many faults, may they not say that the Profession has little courage? There is no abuse, no neglect of duty, in regard to science, which could exist for a single year, if the Profession were active and in earnest, or if they evinced the smallest sympathy in the oppression and neglect with which those are visited who are so.

In conclusion, I offer the following as axioms for consideration; which, if the principles I have advocated on the subject of Tumours, and other abnormal deposits, be true, appear to me to represent not unfairly the present state and prospects of Ovariectomy.

1. That organic affections of the generative organs (direct lesion apart) are seldom primary diseases, but the results of disturbing influences acting primarily on some other organ or organs.

2. That although various conditions of the nervous system may possibly determine morbid depositions directly to these parts, yet, analytical enquiry seldom elicits proof, or even a reasonable amount of evidence, that disturbance of

the nervous system has induced morbid deposition independently of original or superinduced causes affecting primarily other organs.

3. That the foregoing, though sometimes admitted, has seldom been sufficiently held in view, in the investigation of the more serious diseases, or in the functional disorders of the generative organs in women.

4. That it is perfectly consistent with the latter proposition, that the measures hitherto usually employed for the removal of ovarian deposits by the processes of nature, should have proved for the most part entirely unsuccessful.

5. That, on the contrary, if the primary causes of disease be developed, it is difficult to see any reason why any abnormal deposition should not be removed by natural processes, since it is no more difficult to conceive the absorption of matter than the deposition of it; to say nothing of the positive evidence on the subject.

6. That the removal of abnormal depositions by operations, in ministering to effects only, does not *necessarily* confer any permanent advantage.

7. That the recovery from the immediate effects of an operation, is not necessarily any proof that the operation was prudent or vindicable.

8. That at present the local Diagnosis is so far insecure as to render it prudent that the primary steps of the operation be regarded as exploratory.

9. That the actual condition of parts, as demonstrated by the operation, do not at present in all cases furnish secure grounds for prognosis as to the ultimate advantage, nor always of the recovery even from the immediate effects of the operation.

10. That deposition in internal organs in young persons, *cæteris paribus*, may sometimes be regarded as a more serious pathological condition than in the more advanced, because it passes over sites which according to the law of deposition are of a *more*, to occupy one of a *less*, conservative character, and

is so far constructive of imperfect organization, or defective natural force.

11. That the present state of Ovariectomy has proved that diseased ovaria may be safely removed, and, in many instances, under circumstances of unexpected and serious complication.

12. That at present it is impossible to generalize as to the actual advantages of the operation as a whole, because we have not a faithful catalogue recorded, and it is certain that very many fatal cases have been suppressed.

13. That the permanence of the relief in successful cases will depend on such a development of the previous history, constitutional condition and tendencies of the patient, as shall enable us to follow the operation by such advice for future guidance as shall be fitted to guard the nervous system and the nutritive forces of the body from such disturbing influences as appear to have acted prejudicially thereon.

14. That really inductive investigations of this kind may eventually lead to a more intimate acquaintance with the real causes of ovarian deposits, inaugurate a more scientific treatment in earlier stages of the disease, and thus in many cases obviate the necessity of removal by operation.

15. Lastly, that if Public Societies would inaugurate a really systematic and inductive inquiry, and record all cases, it would be attended with desirable results to the public and the profession. Ovariectomy would be restricted to cases in which it might prove a great blessing, and be avoided in those to which it has been deplorably inapplicable; controversies, which are as little beneficial to the controversialists as they are injurious to the profession, would be avoided, and the lowest of our duties made to rest on a basis formed by a series of definite and legitimate deductions from science, instead of conclusions representing only the oscillating results of individual experience, or the idle or ingenious exercise of conjecture.