

The difficulty which has arisen between Sir Spencer Wells and myself.

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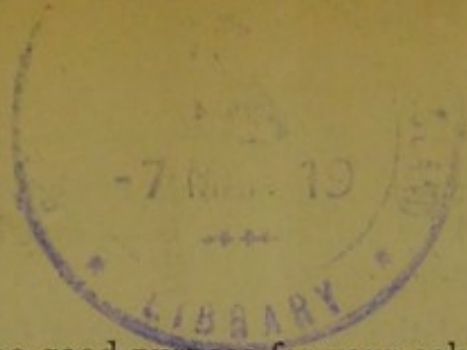
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9.

"BUT it will serve no good purpose for your columns to be filled by reiterated assertions and contradictions between Sir Spencer Wells and myself. I have a mass of letters, telegrams, and notes about the case which may or may not establish Sir Spencer's statements. I fear they will not. I fear his habit of keeping notes is not extensive, and I know his memory is not good. Recognising the importance of the discrepancies between his statements and mine, the Gynaecological Society has appointed a committee of investigation at the instance of the ex-President, who for many years has been a colleague of Sir Spencer Wells, and who certainly is no partisan of mine. I took no part in the selection of the Committee, and Sir Spencer Wells therefore can have no possible objection to submitting his statement of the case and his proofs to this committee. This I now challenge him to do, as I shall do mine. If I have made a mistake in it or misrepresented any point on which the evidence is against me, I must make an apology to the Gynaecological Society and to Sir Spencer Wells. He, in his turn, will surely not discredit the dignified class to which he has been elected by refusing to do as much."—*Lancet*, February 7th, 1891.

Extracts from the Minutes of the British Gynaecological Society.

January 22, 1891, Proposed by Dr. Routh, Seconded by Dr. F. Barnes, and carried by 11 votes to 2.

"That a Special Committee consisting of Dr. H. Smith, Mr. Jessett, and Dr. Edis, be appointed to investigate the circumstances of each case as far as might be possible with a view to a fair and impartial enquiry."

(For the purpose of enabling the Committee to carry out the resolution of the Society the statement of the differences here appended were placed in the hands of the Committee, the documents on which it is based having been first of all verified by the President. A copy was also forwarded to Sir Spencer Wells, by whom no reply has been offered.)

February 12, 1891, Proposed by Mr. Jessett, Seconded by Dr. Routh.

"That the Obstetrical Society be invited to appoint a Sub-Committee to act with the Sub-Committee of this Society to enquire into the cases in dispute between Sir Spencer Wells and Mr. Lawson Tait."

Carried nem. con. with a rider that the President of the Gynaecological Society should write to the President of the Obstetrical Society.

April 23, 1891, after reading copy of the resolution of the Obstetrical Society, i.e., Proposed by Dr. Gervis, Seconded by Dr. Champneys and carried nem. con.

“That the Council of the Obstetrical Society do not accede to the proposal contained in the letter of the President of the British Gynaecological Society, dated February 19th, and that the President of the Obstetrical Society be requested to communicate the resolution to the President of the British Gynaecological Society.”

Proposed by Dr. Parsons. “That the matter be dropped by the British Gynaecological Society.” Not seconded.

May 28, 1891, in accordance with notice given. Proposed by Mr. Jessett, Seconded by Dr. Edis.

“That in the opinion of the Fellows of this Society, the interests of the Profession would be best consulted by not prosecuting any further the enquiry into the misunderstanding between Sir Spencer Wells and Mr. Lawson Tait.”

The President, the Proposer, and the Secunder of the motion appealed to Mr. Tait to voluntarily release the members of the Committee from their task.

Mr. Tait declined to accede to this on the ground that the proposal did not come from himself but from Dr. Routh.

Mr. Jessett then read a statement of the facts of the case, and on Dr. Edis and Dr. Heywood Smith concurring, Mr. Tait formally expressed his disapproval of the proposition on a point of order. A discussion then arose from the point of order as to whether the Society had the power to revoke a previous resolution without giving notice of the intention to do so.

The President appealed to the Fellows present to settle the matter that evening.

Amendment Proposed by Dr. B. Fenwick, Seconded by Dr. Purcell.

“That the resolution of January 22nd appointing the Sub-Committee be rescinded.”

This was carried nem. con. and afterwards as a *Substantive Motion*.

THE difficulty which has arisen between Sir Spencer Wells and myself exists in the report of some remarks made by him at a Meeting of the Obstetrical Society on January the 7th and reported in the *Lancet* of January the 14th. Some correspondence has followed that publication, and as Sir Spencer Wells has not called in question the accuracy of the report in any way, I assume that it is correct. The report is as follows :

“Sir Spencer Wells referred to a pamphlet by Dr. Ross of Toronto on the “Failure of the Removal of the Tubes and Ovaries to relieve Symptoms.” He says, “To operate on organs not diseased for the relief of indefinable pain symptoms, hysterical symptoms, cataleptic symptoms, epileptic symptoms, is, to my mind, unjustifiable. A craze seems to have taken hold of the profession. The axiom seems to have become, if a woman has indefinable pains and local symptoms take out her ovaries. This axiom requires a radical change.” Dr. Ross went on to say: “I have seen these unjustifiable operations done both in Europe and America . . . many cases in which ovaries and tubes are removed to relieve certain nervous symptoms remain unrelieved. . . . Many cases I hear of as cures are not cures. . . . From our many failures to remove nervous diseases, as hysteria and epilepsy, by castration, we can see that the ovaries play but a part in their causation, and I believe that we might as well hope for relief of these diseases by enucleation of both eyes as by removal of both ovaries, or both tubes, or both tubes and ovaries, or even tubes, ovaries, and uterus.” Dr. Ross related a case where he removed the ovaries in 1886. In 1888 he was able to report that his patient had been in splendid health ever since the operation, but in 1890 had to say that her mental condition is not what it was before. “She seems lazy, indolent, and fat, and is not the bright little woman she was before the operation, even when she had her aches and pains. Sexual intercourse is only indulged in as a marital duty. It gives neither pain nor pleasure.” Then Dr. Ross proceeded, “Many deaths from these operations have been recorded. . . . A girl’s prospect of marriage, maternity, and a happy life

are blasted for ever by such a procedure." He (Sir Spencer Wells) then referred to a case where a lady of his acquaintance was operated on at Birmingham, and her case was brought before the Gynecological Society in December, 1888, very soon after the operation, as a practical cure. He (Sir Spencer Wells) had seen that lady to-day. She had never been well since the operation, but very much worse than before, and her case, instead of being a cure, was a deplorable and disastrous failure. He had seen other cases almost as discreditable, and he fully concurred in all that Dr. Playfair and Dr. Ross had said against unnecessary and unjustifiable mutilation for transitory disease."

It is first of all to be noticed that these remarks were made in the discussion of a paper by Dr. W. S. Playfair, entitled "Removal of the Uterine Appendages in cases of Functional Neurosis," and Sir Spencer Wells "referred to a lady of his acquaintance who was operated on at Birmingham, and her case was brought before the Gynecological Society in December, 1888." He suppressed the fact that the case was brought before the Gynecological Society and the specimen shown to display an example of double pyosalpinx and abscess of the ovary, as recorded in the Transactions of the Society at page 457, vol. iv, and he left it to be concluded that the case was one where the removal of the uterine appendages had been performed for "functional neurosis."

Not only did he omit to give the published details of the case, but he conveyed an erroneous impression of this case by citing a series of extracts from a pamphlet written by one of my pupils, Dr. James F. W. Ross of Toronto, with such suppressions as amount to misrepresentation when the whole of the statement concerning the first quotation made by Sir Spencer Wells is taken from the pamphlet. In its entirety the statement is as follows: the part suppressed by Sir Spencer Wells (in italics) is as far as and including the word "But" of the second sentence.

"When suffering and semi-invalidism are due to pelvic inflammation that can be relieved by operation, then we should undoubtedly operate, even though the woman should be unsexed. But

to operate on organs not diseased for the relief of indefinable pain symptoms, hysterical

symptoms, cataleptic symptoms, epileptic symptoms, is to my mind unjustifiable. A craze seems to have taken hold of the profession. The axiom seems to have become, 'If a woman has indefinite pain or pelvic symptoms that you cannot account for, take out her ovaries.' This axiom requires a radical change."

In a letter to the *Lancet* of February 14th, Sir Spencer Wells says of this case: "I may also add that I never spoke of the disease as a neurotic ailment." If so, why did he introduce the case at all into the discussion of Dr. W. S. Playfair's paper, the title of which was "The Removal of the Uterine Appendages in cases of Functional Neurosis"? His allusion to the case must have led his audience to regard it as a case of removal of the appendages for neurotic ailment and for that only, and the published report of his remarks admits of no other interpretation. He further goes on to say, "But I do say that to call it a case of incurable pyosalpinx is as absurd as to assert," &c., &c. But I do say that it was a case of incurable pyosalpinx, and that diagnosis is evident by the history of the patient given in Dr. Smith's letter. It was indicated in the crude speculations of Dr. Palfrey, but it was absolutely established in Dr. Smith's mind, and is recorded in his introductory letter to me, written before I saw the patient. The diagnosis was therefore not mine, but I confirmed it when I saw the patient, and the subsequent operation confirmed Dr. Smith's astute diagnosis. Sir Spencer Wells, on the contrary, had mistaken the nature of the case all through, as will be seen from his own observations on it.

On November 18th, 1888, I received a letter from the husband of the patient, arranging for an interview on the 20th, and on the following day I received a letter from Dr. Charles J. Smith, of 12, Great St. Helen's, London, E.C., of which the following is a copy:

"November 10th, 1888.

"Dear Mr. Tait,

"An old patient of mine, a Mrs. M., will consult you in a day or two, and I therefore send you a few notes. About ten years ago her husband (first husband) infected her with gonorrhœa—about as severe an attack as ever I saw. Under this inflammation the cervix uteri became considerably enlarged, and Dr. Palfrey, who also was consulted, injected interstitially iodine both to os and cervix which were enlarged, the os irregularly so. Meantime the infection

had become intra-uterine and no doubt eventually tubular. Sir Spencer Wells was consulted, and he, on two occasions, used the actual cautery. For some years Mrs. M. was subject to discharges of a purulent nature. Palfrey used to say that the discharge collected in the fundus of a retroflected uterus until it brought the body of the uterus up and allowed it to expel the contents. I rather thought there was abscess, probably an occluded tube which had found a way of discharging itself into the vagina. Sir Spencer Wells did not see the case at this time so could give no opinion. He has, however, been in constant attendance with me for some (seven?) years now. The case has been a very curious one, as from time to time there have been acute attacks of pain, with fever with swelling in the region of left Fallopian tube, evidently external as well as internally; indeed the inflammation has appeared typhlitic, perityphlitic, and pelvic, sometimes one, sometimes the other, and not infrequently a combination, but these attacks have never gone on to suppuration that I know of latterly. The uterus is somewhat fixed, and no doubt there has been adhesion of tissues on that side—the left. I shall be glad if you will kindly let me know what you think of Mrs. M.'s case after you have seen her."

To this, after examining the patient, I replied :

" November 21, 1888.

" My dear Sir,

" I entirely agree with your statement of the case of Mrs. M. I have no doubt at all that there is an abscess in the left ovary or Fallopian tube, and that the patient will never have any health till that is removed. Owing to some reason or other there seems active condition going on at present, and she is really very ill, so ill that I do not think she can leave my house where they had to send her yesterday. I have just seen a telegram to the effect that you think the operation should rest with Sir Spencer Wells. This, of course, means that the operation would not be done; for if you are at all familiar with the literature of this department of surgery within the last ten or twelve years, you will be perfectly familiar with the fact that Sir Spencer Wells has shut his eyes absolutely to the recent advances, and that any operation of this kind suggested to him would at once meet with his objection, without any relation whatever to the merits of the case and the recent advances of surgery."

The history given to me by the patient herself on November 20th, and written down at the time, is as follows: She had been twice married, her age is 39, that her medical attendants during the last ten years have been Dr. C. J. Smith, Dr. Palfrey, and Sir Spencer Wells, that she has seen in addition to those a number of others whose names I did not take notes of. Her menstruation began between 15 and 16, was irregular at first, she married at 17 and had her first child at the seventh month, her second child eleven months after that, then three miscarriages and had a child in 1872 which lived a fortnight, this being the last time she was pregnant. She maintained her first married life till 1879, she was ill all the time, was infected by gonorrhœa in the year 1874, at which time she was under the care of Dr. Palfrey. She had a bad illness fifteen months previous to my seeing her, during which she was not able to go about from the March till the following October, during which time she was informed that both ovaries were thought to be affected by Dr. Smith and Sir Spencer Wells. She menstruates now every three to four weeks, sometimes with only two weeks interval, the period lasting five or six days, very profuse, has to stop in bed usually three days each period, great pain the whole time but worse for a week before the onset of the period. Now a large mass can be felt up behind the retroverted uterus, chiefly bearing to the left, a similar mass on the right of the uterus, all the pelvic organs fixed, had periodic discharges of large quantities of matter last August and a bad attack similar to the one fifteen months ago, for a week, and another attack she had a month ago. At the time of my seeing her on the 20th of November she presented the appearance of a weak, anæmic, broken down, and prematurely aged woman; the abdomen was tense, extremely painful, pulse was 120 and the temperature sub-normal; and she informed me that her present condition was due to her having been subjected to extreme violence a few nights before. My diagnosis was that she was suffering from double pyosalpinx, with recurring sub-acute peritonitis, of which it seemed to me there was clear history of at least four previous attacks and that she was now suffering from a fifth. I informed her and her husband that nothing but an immediate and serious operation for the removal of the diseased appendages could, in my opinion, benefit the patient in the least; and that in her acute condition, with life evidently threatened, it seemed to me that there was an immediate

demand for interference. They telegraphed this opinion to Dr. Smith, who replied that his decided opinion was that operation should remain with Sir Spencer Wells. The husband telegraphed to Sir Spencer Wells as follows: "Came here yesterday to see Tait—too ill to leave. Tait says immediate operation necessary, please wire advice to me. Can you come? Have wired Smith." Sir Spencer Wells replied that he declined to advise in the matter. On the evening of the 20th and the morning of the 21st it was clear that the patient was getting worse, and then she and her husband decided to submit to the operation, which was performed in the presence of and with the assistance of Dr. Parkinson of Crystal Brook, Australia, Dr. James O. Ross of Toronto (the author of the pamphlet already quoted), Dr. Holford Walker of Toronto, and Dr. Macphatter of Denver. When the tense abdomen was opened a quantity of serum exuded, the intestines were found all matted together, and the cavity of the pelvis was reached with considerable difficulty. The uterus was reached with difficulty, the fundus was large and retroverted and universally adherent; large distended tubes both full of pus with adherent ovaries, both sets of appendages being removed with considerable difficulty. The specimens were preserved, exhibited in the Gynecological Society on December 12th, 1888, and their appearances described in the *Transactions of Gynecology*, vol. iv, p. 457.

At the meeting the ovaries were laid open and it was found that they contained several follicular abscesses. A drainage tube was inserted and was retained till the end of the third day, the patient soon began to pass flatus, abdominal tension was diminished, and she made an uninterrupted recovery, with the exception of the occurrence of a slight hemocele on the left side somewhere about the 26th during the metrostaxis which had begun on the 25th. This maintained a high temperature and pulse for nearly seven days and caused the patient a good deal of pain. She left my care on December the 20th, going by my advice to the Riviera, and this for the reason that I had a suspicion that the prolonged pelvic suppuration was threatening to result in tubercular infection of her lungs. From a letter dated the 8th of January, 1889, I take the statement that no menstruation had occurred since a few days after the operation. On February it became evident that a fresh effusion had occurred, and I asked her to consult my friend Dr. Hoggan of Beaulieu. A period of

menstruation came on at that time and lasted for ten days, and she was in a good deal of pain for about three weeks. Menstruation occurred in March and April, and as they could get no medical attendance in the Riviera which seemed to them satisfactory she was brought home in April, and I saw her in London in consultation with Dr. Smith on the 8th of May and tapped the hematocele from the vagina, removing a quantity of mixture of blood, pus and serum. After this she saw no recurrence of menstruation, and was in good health till August, at which time she wrote to ask me if she might go to Scarborough for the sea bathing. After that she began to suffer from the climacteric symptoms with considerable severity, and in October she consulted me as to her movements for the winter and I advised instead of going far from home she should be within easy reach in case of the recurrence of the hematocele requiring a repetition of the tapping, and they decided to stop at Malvern where she was so well as to be able to go about house-hunting over the country with her husband. In January 1890 the supervention of an extremely irritable temper, characteristic of the climacteric, made me advise her being separated from her husband and her family, and that advice was followed for a time with considerable advantage. The patient at her best is of a peculiarly irritable and querulous disposition. At this time menstruation was occurring at intervals of eight and nine weeks. The state of her case is summed up in a letter which I wrote to her husband on January the 6th. "By far the best thing you can do is to send your wife to a hydropathic establishment, entirely removed from her relatives and friends and entirely in the hands of strangers. The fact that intervals of eight and nine weeks are occurring shows that menstruation is coming to an end. The fitful mental condition is part of her character, and has been, so far as I can learn, throughout a marked feature in her case. Doubtless her sufferings make it worse, but when she thinks she can get the better of those who are surrounding her the fitfulness will only be increased. If she were in the hands of strangers of whom she could not get the better her fitfulness would end. This alteration in mental character is another of the characteristics of the climacteric change, so that however discouraging the prospects may be for the time I am satisfied that my prediction will come correct, and that she will get perfectly well. If it will be any consolation to you I shall be delighted to see her when I am in

London." From April to August she had no menstrual period and was fairly well, so much so that I thought the trouble was at an end. In September a fresh effusion took place into the left broad ligament. She resided in Malvern at this time, and I heard little of her till December. I was in Italy when my assistant wrote to me to say that she had become seriously ill again (violent attacks of hemorrhage had occurred) and asking for instructions. I replied to the effect that I feared a hemocele had occurred again, and that he must go over and tap. She, however, declined the proffered assistance and went to London, placing herself again under the care of Sir Spencer Wells. On my return from Italy on January the 14th I saw her in London, examined her and found that my fears had been confirmed, that there was a fresh effusion in the broad ligament. I offered to place my services at her disposal for its removal but that was declined.

I venture to submit the above statements to show that Sir Spencer Wells' misrepresentation of the case of this patient as one of removal of the uterine appendages for neurotic ailment is quite unjustifiable. The patient was suffering from disease at the time of the operation which involved imminent and immediate risk to her life, and in the sense that she was relieved from impending death and from the source of recurring danger her case is justly related as a practical cure. That she has not recovered from the secondary effects of the operation is due to the occurrence of the hemocele, an incident which occurs in such cases in a fairly large but as yet not exactly ascertained proportion of all cases of operation involving division of the broad ligament during the menstrual time of life, a fact which I have placed on record in my writings on the subject very many times (vide *Diseases of Women and Abdominal Surgery*, p. 227). In such cases menstruation is always continued much longer than in others, the convalescence is greatly impeded, and the sufferings of the patient when the hemocele is recurrent are considerable; but I have never yet known a case in which recovery, complete and permanent, has not been attained in time, and some of my cases have gone over a period longer than that of the case in question, which, be it noted, is only two years and three months up to the present moment. The peculiarly irritable disposition of the patient, the long period of her previous suffering and unfavourable domestic relations, are all pro-

bably answerable for the incident, and certainly her mental peculiarity has gone a long way to interfere with her progress, for it has wearied the patience of all her attendants.

In the *Lancet* of January 31st, Sir Spencer Wells makes a series of statements based upon replies from the patient, and it will be seen on contrasting the story as given by Dr. Smith and the patient's own statements to me, taken down at the time of seeing her, that the inaccuracy of Sir Spencer's statements must be attributed partly to the patient's defective memory and partly to Sir Spencer Wells.

Thus question No. 1—

1.—“During the seven years 1881-1888 were you under my care and did I fail to relieve you?”

Reply.—“I consulted you in 1879 after Dr. Palfrey had failed to do me any good. You operated on me in the summer of 1879; I was in good health after that until you again operated on me in 1880. After that I enjoyed good health until 1887.”

The answer to this is told in Dr. Smith's letter, in which it is precisely stated that “Sir Spencer Wells has, however, been in constant attendance with me for some years now,” and a very natural question would arise from the patient's answer. If she was in good health after that (1879) why did he again operate upon her in 1880, and during the whole of this time when it was perfectly well known to Dr. Smith and Dr. Palfrey and Sir Spencer Wells, why was an operation performed for gonorrhœal endometritis of the extraordinary kind of amputation of the cervix as stated by Sir Spencer Wells himself in his letter in the *Lancet* of January the 31st? *

The second question submitted to the patient was—

2.—“Had you, before 1888, been ‘an invalid for years,’ or ‘led a life of single misery for several years?’”

Reply.—“Except between my second confinement and 1879, I had been in good health.”

This statement is now entirely contradicted by Dr. Smith's letter to the effect that from 1874 up to 1888 the patient had been continually under his care, in communication with Dr. Palfrey first and then Sir Spencer Wells.

* It is only fair to say that this statement of Sir Spencer Wells may depend wholly on his defective memory. It is not borne out by the story of the patient, nor by the very clear and succinct history given by Dr. Smith (and it seems to me most remarkable that he should forget it), nor is it borne out by the condition of the patient's cervix, which seems to me to be intact!

The third question was :

3.—“After your second confinement had you been absolutely sterile?”

Reply.—“I had two children after my second confinement, one born dead, one lived two weeks, and I had one miscarriage at three months.”

The correct version of this is given in the patient's statements to myself, which I have already quoted.

4.—Concerning the answer to this question, I have only to say that it is a matter of recollection to me that the patient told me herself that, unknown to Dr. Smith and Sir Spencer Wells, she had consulted others, who gave the opinion there was nothing serious the matter with her. I did not note their names, and the point is of little importance.

The sixth question. “Remembering your state before and after the operation performed in Birmingham in November, 1888, has that operation proved to be, in your opinion, a ‘practical cure’ or a ‘deplorable and disastrous failure?’”

Answer.—“A decided failure.”

The modified answer given by the patient is no justification for the strong language used by Sir Spencer Wells. That she regards it as a decided failure up to the present time is intelligible enough, but I have assured her over and over again as to the explanation of the apparent failure, and the certainty, the cause of the failure being removed, of complete success being attained. That she, as an almost life-long sufferer, cannot understand this, is not to be wondered at, but it does not alter the fact. I may say, in final explanation of the patient's mental attitude concerning her case, that she is possessed of a very curious pathological belief, which I have often done my best to combat, but in vain. She believes that “abscesses inevitably come back again.” When it was explained to her that she had suffered from abscesses in the Fallopian tubes and ovaries, and that they had been removed, she said it was of no use, they would come back, abscesses always did. When it had again to be explained to her that her hemocele had suppurated, and that an abscess resulted, she absolutely gloried in the accuracy of her pathological prediction.

In a final contribution to the correspondence upon this case in the *Lancet* of February 14th, Sir Spencer Wells engages in further

misrepresentations. He misrepresents me in saying that hematocele in removal of diseases of the appendages may not improbably convert a cure into a failure. It does so in a small proportion of cases for a time, but never permanently. There is no confession as to its frequency in Birmingham. It occurs in about the same proportion of cases of everybody, and all those who are at all familiar with the practice or literature of the subject must be aware of this. He further says that the publication in the Medical Journals, and in the Transactions of the Gynecological Society, of the supposed fact that this lady had gonorrhœa some eighteen years before the asserted pyosalpinx, is, in his opinion, a disgraceful breach of professional conduct. In reply to this, I say that the case was alluded to in such a way originally that none could have possibly identified it but Sir Spencer Wells himself, and no declaration of any circumstance which would have led to any identification of the patient would have been possible but for Sir Spencer Wells' most inappropriate resuscitation of it at the Obstetrical Society. It is not a "supposed fact" that the patient had gonorrhœa, but a fact perfectly well known to Sir Spencer Wells, and declared definitely by Dr. Smith, and stated by the patient. It is not merely a case of "asserted pyosalpinx," but a case of proved and demonstrated pyosalpinx, and the symptoms from which the patient suffered for at least some fourteen or fifteen years were wholly due to that disease. The repeated attacks of peritonitis (endangering her life on each occasion) from which she suffered were wholly due to that disease, and if there was failure in the case, it was failure on the part of Sir Spencer Wells to recognise the fact and to deal with it, when it was known to and pointed out to him by her medical attendant, Dr. Smith, as is shown by the facts of his letter. If there is anything disastrous or discreditable about it at all it is that the gravity of the condition having been recognised, it should not have been promptly treated by Sir Spencer Wells, who, though in constant attendance for some (seven?) years amputated the cervix uteri for double pyosalpinx, a wholly unnecessary, unjustifiable, and useless proceeding.

There can be little doubt that the occurrence of the hematocele and the delayed convalescence were due to the improper delay in the performance of the only operation which could have benefitted the patient, and if therefore there is anything in the shape of "deplorable

and disastrous failure," anything "discreditable" in the case, it is, as I have already said, to be laid at the door of Sir Spencer Wells and not at mine.

Sir Spencer Wells' concluding words at the meeting of the Obstetrical Society in question were to the effect that he had seen other cases almost as discreditable. One other case of a very similar kind I know he has seen, and as a parallel example of how Sir Spencer Wells behaves in such matters, and how much he understands them, the case is worth laying before the committee.

A lady of high rank in the East was sent to me by Dr. Sarell, of Constantinople, with a letter in which the diagnosis of double tubular disease was given with perfect precision. The patient had been seen, and the opinion confirmed by some four or five of the most eminent surgeons of Vienna and Paris, and she came to me for operation. I agreed in its recommendation, and removed both sets of uterine appendages completely. She made an easy recovery at first, but unfortunately about the fourteenth day she had a hemocele. This disappeared, but recurred in a few weeks. As ill luck would have it a third recurrence took place during my Christmas holiday in Italy, and Sir Spencer Wells, in my absence, was called in to see the lady, then in London. The gentleman in charge was quite familiar with the whole case, and was the trusted friend as well as adviser of the family, in whose house the patient was. He gave Sir Spencer Wells an accurate and complete account of all that had occurred, yet Sir Spencer Wells sat down and wrote the following document, and he did so without being asked to do so by anybody.

"January 12, 1891.

"I have carefully examined Madame S. this afternoon and find the uterus somewhat fixed, as if from bygone pelvic cellulitis, and to the left side a very distinct swelling, which is probably the remains of the left ovary enlarged, and only partially (if at all) removed, and some blood clot in the left broad ligament.

(Signed) T. SPENCER WELLS."

He advised that another operation for the removal of the left ovary should be performed without delay. Fortunately for all concerned the patient and her doctor knew that the statement about the ovary was mere nonsense, so it was disregarded. In a few days I

returned from the continent, at once saw the patient, tapped the hemocele, and all is going well.

At the meeting of the British Gynecological Society, on January 22nd, I exhibited a specimen which it is also desired to submit to the consideration of the committee. It was taken from a patient, Miss E. B., aged 34, from Tiverton, Devonshire. The history given was that the tumour was discovered in 1884. She was then taken by her medical attendant, Dr. Lewis Mackenzie, of Tiverton, to Sir Spencer Wells, who advised that no operation should be done on the ground that the uterus was so fixed and implicated. She did not consult anyone else on the matter. The tumour grew steadily until I saw her in November last. The whole abdomen was occupied by a large solid tumour, in front of which the infantile uterus was pressed down into the pelvis. I gave no definite opinion as to the nature of the case, but advised an exploratory incision with the result of removing a solid ovarian tumour, free from attachments and with a perfectly simple pedicle. The operation was in no way difficult and the patient made an easy recovery.

