Correspondence.

Pregnancy Following Double Ovariectomy.

CHICAGO, June 26, 1904.

To the Editor:—Having read the report of I. W. Hunter's article on "Pregnancy Following Double Ovariectomy," in the *Medical Age*, Detroit, of recent date, I can not resist the temptation to offer my opinion as explaining the phenomenon of fecundation of an ovum, after extirpation of ovaries and tubes in a given case.

We know from experience that pregnancy can and does take place in a woman who has had performed ovariectomy and salpingectomy, unilateral or bilateral.

We know that cases such as this have occurred where a woman has conceived and become pregnant after having but one single congress with her husband, as the sailor who had to leave home immediately after his marriage. This statement, at first sight, may seem to have no bearing on the subject at issue, but before concluding the reader will see its connection.

We know that after the ovum matures and rupture of the graafian follicle takes place, that the ovum continues along the canal outward toward the fimbriated extremity where it fertilizes. After resting here for a while, it takes its inward course, propelled by the peristaltic movements of the tube and its own flagellation, meeting the wandering spermatozoon, which it receives within its integrity.

At or near the internal atrium of the tube, this impregnated ovum rests for an indefinite period before it escapes into the lumen of the fundus uteri, where it experiences the changes concomitant with its fixation to the mucosa.

We know that the mucosa of the tube is wrinkled, or thrown up into folds, longitudinal and oblique, this fact entailing the necessary formation of little valleys or depressions, in which an ovum may rest with perfect safety from any disturbing mechanical agency.

In such cases where the adnexa have been totally, presumably so, extirpated, and the ovum has already become impregnated and has not yet reached the uterine cavity, or an unimpregnated ovum has rested for some time in one of these minute valleys, and afterward, due to this mechanical stimulus, introduced at time of operation, has met with a wandering spermatozoon, and incorporated it and passed on to the stage of fecundation.

For the experience of such men as Minot, Dalton, Wagner, and others, shows us that an ovum or spermatozoa, after having left or separated themselves from their original sources, may and do exist within the genital tract of the female, for periods from one day up to three and four weeks, all the time subsisting on the natural fluids and lymph derived from the rich blood supply of the mucosa, which reaches them by an osmotic process.

Furthermore, how many operators do actually extirpate every vestige of a true fallopian tube? One must bear in mind the anatomic construction of these organs. The tube itself does not stop at the plane of the junction of the serous investments of fundus and tube. The mucosa of the tube goes well into the body of the uterus, and this means that there are those villi formations there also, to which I have referred.

My opinion is that if operators would make a wedge-shaped or cone-shaped incision in the wall of the uterus when removing the adnexa, even going so far as to remove the entire cornua of the organ, that we would hear no more of such occurrences as have given food for thought or argument in basing the subject matter on such grounds.

63 E. Chicago Avenue.

R. L. LARSEN.

One Instance of Dirty Money.

INDIANAPOLIS, July 7, 1904.

To the Editor:—Your short editorial on "Dirty Money" is timely. It is likely there is more infection from paper money than is ordinarily supposed. An instance bears this out to a degree. I was called to see a case of eruptive disease in a

house of prostitution. The patient was a syphilitic and had unquestioned smallpox. She was compelled to remove her stockings, which she did reluctantly, and this disclosed a number of bills of different denomination wrapped around her legs, the stockings being drawn over them. Some of the bills adhered because of exudate, it being necessary to moisten them to effect removal. She stated she had intended to deposit the money in the bank, but was taken sick and could not. The bills were laid one at a time in a cigar box and each one was liberally sprinkled with formaldehyd, and they eventually proceeded on their circulatory way.

J. N. HURTY.

Aseptic Technic—Bacteriologic Examination of Hands.

ROCHESTER, MINN., July 9, 1904.

To the Editor:—In THE JOURNAL, July 2, in the report of the American Surgical Association your reporter has made a slight error, which I beg leave to correct. He reports me as saying that in 213 bacteriologic examinations of the hands in my clinic at the Jefferson Medical College Hospital only three times were the hands infected. It should have been 7, i. e., about 3 per cent. instead of 3 cases.

W. W. KEEN.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

TESTIMONIALS CONCERNING MINERAL WATERS.

—, —, July 7, 1904.

To the Editor:—Is it unethical for physicians to give certificates of their experience in the use of mineral waters, after having thoroughly tested their virtues, or, on the contrary, is it not a common practice of eminent men of the profession? L. C.

ANSWER.—As our correspondent observes, the practice of giving testimonials for mineral waters, etc., is common among physicians, including some who are eminent. Largely it is a matter of taste rather than of ethics, though sooner or later every physician who gives such testimonials finds himself embarrassed by the consequences. Having yielded once it is difficult to refuse a plea for fair treatment made on behalf of some article similar to the first one "puffed." Plural testimonials are mutually conflicting and the giver's friends at once appreciate the ensuing abrupt fall in the market value of his pharmacologic opinions. The ready writer of puffs becomes ridiculous. On the other hand, it is perfectly ethical for a physician, speaking from thorough trial, to tell his fellows that a certain article is good or bad. The difference between this *testimony* and a *testimonial* addressed to the firm is clear. Of course, this report at best stands simply as one man's opinion, open to criticism, discussion and possible refutation. It requires rare discrimination to apprehend the proper occasion for such an expression of opinion and some courage to face the inevitable demands from the friends of some competing article. Professional opinion does not presume to dictate the course of the individual physician in such a matter. However, the Principles of Ethics very wisely advise the circumspect physician to steer clear of *testimonial* writing. In Chapter II, Article I, Section 8, it is advised that "It is highly reprehensible for physicians to give certificates attesting the efficacy of secret medicines or other substances used therapeutically."

COUNTY SOCIETY ACTION IN CASE OF PLAGIARISM.

—, —, July 7, 1904.

To the Editor:—I desire to state a hypothetical case for your query column: X, a regular physician, member and officer of the state society, presents to the county society what purports to be an original paper; he forwards it to a reputable medical journal, which publishes it, crediting X with authorship. Later it is discovered by members of the county society to be a rank plagiarism—about 80 per cent. being verbatim copy of a paper by a distinguished eastern physician, and a portion of the remaining 20 per cent. from other uncredited sources. So far X denies all knowledge of the eastern publication. Query: 1. Should the county society take cognizance of the matter? 2. How should it proceed? 3. Suppose X to be a woman of almost ten years' experience in practice, would any different procedure be indicated?

INFORMATION.

ANSWER.—1. Yes. 2. If your society has no provision to cover such cases of unprofessional conduct, one method of procedure would be to call a meeting, at which charges should be preferred and reply made, and the society take action accordingly. The accused should be given a copy of the charges in ample time. Secrecy