tions, without the risk of sudden or (which has been much more frequent) consecutive death attending chloroform, I do not deem that portion of my time misspent which has been employed in devising and describing such a simple and easy mode of making this application as may lead to its general adoption.—*Med. Times and Gazette.*

OBSERVATIONS ON OVARIOTOMY, &c.; ALSO A SUCCESSFUL CASE OF EXTIRPATION OF BOTH UTERUS AND OVARIES.

By DR. CHARLES CLAY.

[From the Proceedings of the Obstetrical Society of London.]

DR. CLAY gave a brief and very interesting outline of his experience on this very important branch of surgery. Of 109 peritoneal sections, 104 were for ovarian extirpation, 3 for cutting down upon the tumor to establish ulceration where its removal was impracticable, 1 for the Cæsarean operation, and 1 for the removal of both uterus and ovaries. Of the 104 cases, 72 recovered, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section lived to the fifteenth day; and, lastly, the case of entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hæmorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. Those from prostration were chiefly elderly females. Some other statistical facts were elicited, as well as the following remarks from the author:—Dr. Clay still defends the raised temperature of the room for operation, and attributes much of his success to its influence; is not certain if chloroform has added anything to the successful results, although he values it highly as an agent which it would now be difficult to lay aside, although the first fourteen of his cases were performed before it was discovered, and of which nine recovered; and he still thinks, if a woman could face the difficulty without it, it would be in her favor. The large incision is still practised by him, and deemed far preferable to the smaller opening. Of course, the author wished to be understood that the incision was to be commensurate with the tumor to be extirpated. Dr. Clay gave many reasons for this preference. The distressing vomiting he conceives to be in a great measure owing to the use of chloroform, as he saw but little of it in the first fourteen cases where it was not used. For this troublesome symptom he advises patience until the blood has got rid of its load of carbon, the simplest of drinks, and as little food as possible. Some very well-ascertained facts of critical days were adduced, which would require too much space to dwell upon; suffice it to say, the third, sixth, and ninth were the principal, and the causes of each were

pointed out. No particular age seems to be prominent in respect to the success of these cases. Dr. Clay himself stated them to be about equally successful at all ages from sixteen to fifty-seven. Purgatives are not admissible; and he relies on enemas, with oxgall, &c. This part of the paper was concluded by some interesting remarks on ovariectomy for the last twenty years, and the difficulties the author had to encounter, not the least of which was misrepresentation. The author next gave in detail a new and interesting operation, which he believed to be the first of its kind, successful at least, in this country—namely, the entire extirpation of the uterus and its ovaries through the abdominal walls, which has ended most fortunately, the lady returning to her friends on the thirty-fifth day after the operation, and still continuing well, thus establishing another great fact in reference to abdominal surgery. The case was that of a fibroid uterus of eleven pounds weight, with the ovaries in an unhealthy condition; and the tumor by its growth had latterly so entirely filled up the cavity of the pelvis as to render the passage of the feces and urine extremely difficult. The particulars of the case throughout its progress were given. Dr. Clay does not suppose that many uterine cases could be advisedly extirpated, but thinks some of those densely-hard fibroid masses, where the constitution has not been greatly prostrated, might afford a fair prospect of cure under the knife.

Mr. Baker Brown prefaced his remarks by warmly thanking Dr. Clay for the very practical and admirable paper just read. Mr. Brown considered it one of the most valuable he had ever heard, and wished it had been brought forward a few weeks earlier, as it was calculated to strengthen the hands of other ovariectomists, and enable them to contend against those who doubted the value of the operation. With regard to the temperature of the room, Mr. Brown stated that he believed that Mr. Lane, than whom no one had been more successful in ovariectomy, disregarded this subject, as did also another gentleman present at the meeting, who had also had great success. For himself, Mr. Brown believed that where the operation was likely to be long, and the viscera long exposed, it was of great importance; but that where the operation was quick, and the viscera were kept back by hot flannels, the question of temperature would not affect the success. As to the long incisions, he believed Mr. Walne followed Dr. Clay; whereas Dr. F. Bird and Mr. Lane had contended for the short incision, and with good results. Mr. Brown always made a small incision first. If it appeared that on tapping the cyst the tumor could be withdrawn, he did not enlarge it; but if there appeared strong adhesions, or the tumor was very multilocular, he found it easy to make the incision larger, and agreed with Dr. Clay that it was advisable to see clearly where the adhesions and difficulties in removing the tumor were situated. At the same time, with the very large success of Dr. Clay, it was

folly to say that short incisions were preferable to the long. Dr. Clay still preferred the ligature of Indian hemp. Mr. Brown had used it till the invention of the carpenter's callipers as a clamp, which he found more convenient and comfortable. He could not, however, agree with Dr. Clay as to the inadvisability of bleeding. In two or three cases where peritonitis had come on quickly after the operation, he had found venesection most valuable, and attended with success. He always advised hot linseed-meal poultices to be applied over the whole abdomen when there was a chance of peritonitis, believing that they kept hot longer than ordinary fomentations. Mr. Brown's experience as to the frequency of the ovary attacked was contrary to Dr. Clay's. He had examined many hundreds, he might say thousands of cases, but thought that one could not decide which ovary was diseased till an incision was made. His experience, from cases submitted to operation, was that the left ovary was most frequently affected. He agreed with Dr. Clay that age does not make much difference. He was glad to hear that Dr. Clay had come to the conclusion that the question of success did not depend on the operation itself, but on the after-treatment. Mr. Brown believed that in his earlier operations he lost more patients because the after-treatment was not so well understood as now. He had learned from Dr. Clay the valuable practice of never giving the patient anything but the most simple food till asked for. He preferred giving beef-tea and wine, if required, by the rectum for three or four days after the operation. Mr. Brown considered Dr. Clay's testimony valuable as to the great advantage of small over general hospitals for these operations, not on account of the operation itself, but because the nursing, ventilation and atmosphere were so much better in small special institutions. Mr. Brown had twice removed both ovaries with success. He thought that the question of exploratory incisions had been unfairly treated by the profession. They were made with an honest endeavor to ascertain the truth before risking the patient's life. Mr. Brown had never seen a fatal result follow them, and thought they should be commended and encouraged, not condemned. He was glad to hear Dr. Clay say that in his last operation he had made it a stipulation that it should be left to him to decide whether he should proceed after making an incision. As to opium, Mr. Brown had at one time been as great an advocate for it as Mr. Clay; but he believed that it increased the sickness, and he now never gave it unless imperatively called for.

Mr. Spencer Wells said that he must not be supposed to undervalue the very useful paper of Dr. Clay, or to be ungrateful for the lessons which he had taught us all by his able advocacy of ovariectomy, if he (Mr. Wells) ventured to discuss two very important steps of the operation in which his own practice, and the practice in London generally, differed from that of Dr. Clay. Dr. Clay still advocated the long incision; and he still left the tied end of the

peduncle and the ligature within the peritoneal cavity. He could boast of a success attending this practice of 70 per cent. of recoveries to operations, and as success was the best criterion in surgery, it might seem presumptuous to question the wisdom of any operative proceeding practised so successfully. But his (Mr. Wells's) own experience had led him so decidedly to prefer the short to the long incision, and to keep the tied end of the pedicle outside rather than to leave it in, that he could not help suspecting that Dr. Clay's great experience in the operation had led him to success in spite of a method which more recent experience had modified or corrected, and which men of less experience could not follow without great danger of failure. After long incisions there was so much more exposure or escape of intestine during the operation, so many more serious symptoms after it, and so comparatively protracted a recovery, even in successful cases, that his (Mr. Wells's) own experience had taught him to avoid any greater length of incision than was necessary for the exposure and removal of the cyst or tumor. Every inch in the length of the incision appeared to add something to the chances against the patient, and in cases where he had the choice either of making a long incision and removing a tumor entire, or of breaking up a tumor and removing it through a small opening—even though ovarian fluid might unavoidably escape into the peritoneal cavity and require careful sponging for its removal—he would prefer this alternative rather than make a very long incision. So, in his experience, those patients in whom it had been necessary to leave the pedicle and ligature within the peritoneal cavity had suffered so much more after the operation, and their recovery had been so much more protracted than others where the peduncle had been kept outside, that he would always prefer to keep it out if he could, and so avoid the danger of absorption of the putrid matter of the strangulated stump, or the peritonitis connected with the effusion of fibrine thrown out to circumscribe the stump and ligature. It seemed probable that the frequent occurrence of peritonitis in Dr. Clay's practice was in some measure due to his manner of treating the pedicle; for in his (Mr. Wells's) own practice, peritonitis was a rare accident. Of eighteen fatal cases, it had only had any important share in the fatal result in two; in all the others, shock or exhaustion after the operation, or blood-poisoning, having been the cause of death; while in successful cases he hardly remembered peritonitis in any patient where the pedicle had been kept out. As to the temperature of the room, in his earlier cases he had followed Dr. Clay's practice; but latterly he had found it better simply to have the room kept comfortably—not excessively—warm, and after the patient was in bed to keep a good fire burning and a window open night and day. In the use of opium, also, he had learnt to avoid all excess. If there was pain or restlessness, it was given in moderate doses, and repeated if necessary; but some patients

had recovered without taking a single dose, and others with not more than two or three doses. Sometimes it was given to secure a good night, even if there was no pain. With regard to the removal of uterine tumors by abdominal incision, it was only under the most exceptional circumstances—where the life of the patient was in great danger from hæmorrhage or the effects of pressure—that such an operation as that so successfully performed by Dr. Clay could be justifiable. Pedunculated peritoneal out-growths from the uterus might be removed with moderate risk, and so might in-growths towards the uterine cavity or vagina; but any attempt to enucleate interstitial fibrous tumors of the uterus, either by incision through the abdominal wall, or by incising the cervix *per vaginam*, was attended by such very great risk that nothing but the most urgent necessity would justify the practice. He (Mr. Wells) said this rather as the result of his own observation, than as any conclusion suggested by Dr. Clay's successful case.

Dr. Clay, in reply, expressed his great gratification at the manner in which the paper had been received by the Society. With respect to the details of the operation, he adhered to the principles laid down in the paper. It was remarkable that many of the best recoveries after ovariectomy had taken place in his practice after making the long incision, and where the tumor was large he preferred it. The use of Indian hemp for ligatures he still preferred. With respect to the remarkable case of extirpation of the uterus, he would observe that on his way to town to attend the meeting he had accidentally met the patient who had been the subject of the operation, at a railway station, and in perfect health.—*Ibid.*

Bibliographical Notices.

A Manual of Instructions for Enlisting and Discharging Soldiers, with especial reference to the Medical Examination of Recruits, and the detection of Disqualifying and Feigned Diseases. By ROBERTS BARTHOLOW, A.M., M.D., Ass't Surgeon U. S. Army, Surgeon in charge of McDougall General Hospital, Prof. of Mil. Med. Jurisprudence, Army Medical School. Adopted by the Surgeon-General for issue to Medical Officers of the Army. Philadelphia: J. B. Lippincott & Co. 1863.

THE author of this little volume was one of the board recently convened at Washington to determine the infirmities which should exempt from military service men drafted under the Enrolment Act. He therefore speaks from an authoritative knowledge of the subject, and his book supplies a want which has long been felt by examiners of recruits, that of an uniform, fixed standard of qualification. The author wisely adopts the principle that it is hardly possible to be too strict in the examination of recruits, the efficiency of an army consisting in the quality of the material of which it is composed rather than the quan-