

death certificate which I drew up some years ago for use by the Cremation Society the examination of the dead body and its personal identity is especially required from the medical man who certifies. I enclose you a copy, and will add that it met with the approval of the House of Commons Select Committee on Death Certification, and was by them recommended to take the place of the form at present employed. My approval of the French system as superior to our own is, I think, quite justified; the neglect of its requirements in practice, if it exists, is simply due to a defective administration of the law.

I am, Sirs, yours truly,

April 28th, 1897.

HENRY THOMPSON.

## "LUNACY IN EGYPT."

To the Editors of THE LANCET.

SIRS,—In an annotation on "Lunacy in Egypt" which appeared in THE LANCET of April 24th you state that "Dr. Warnock has been informed that some lunatics are kept in Damascus in stone cells, with chains round their necks." I can testify from personal observation that five years ago this form of treatment was actually in force in Damascus. In 1892 I visited the "lunatic asylum" in that ancient city and noted the following state of things. The institution consisted of a series of one-storeyed buildings surrounding a central yard, open to the air, which at that height (691 metres) is often very cold. There were seven cells opening on this yard, four double and three single. The single cells measured 8 ft. by 10 ft. They were built of stone, with stone floors, and the drainage system was simple, consisting as it did of a hole in the centre of the floor leading into a drain communicating to a cesspool (probably overflowing into the streams which run through the town and supply its drinking water). The floor was covered for half its extent by boards on which the patients lay. There was no furniture of any kind in the cells. In these seven cells were eleven patients—the term is very applicable—three or four of these were chained by the neck and legs to the wall. They appeared in great misery and imperfectly fed. No doubt they were dependent on charity for their support, and charity, even in a Moslem city, when it has filtered through the hands of Turkish guardians, is not very satisfying to its recipients. I need hardly add that these cells were very dark, being only lighted from the upper part of the doorway, which was built in the same way that stable doors are built here, and the smell was awful. These patients were probably all more or less violent, chronic maniacs, and such like, as the less troublesome lunatics in these countries are always kept by their relatives at home—and naturally. It was a dreadful and degrading sight, and made one shudder to think that man could become so like a wild beast.

So much for Turkey; but I was told a few years ago that in Greece an Englishman who had become acutely maniacal was treated in very similar fashion, being placed in a cell with an iron gate, through the bars of which his food was pushed, and the straw on which he lay raked in and out, and from this treatment he was with great difficulty rescued to be brought home to England. No doubt the state of things I witnessed at Damascus in 1892 has existed for centuries and will persist as long as the Turks hold Syria, but it can hardly be wondered at, under the circumstances, that, as Dr. Warnock says, "some Syrians are brought to Egypt on purpose to obtain 'admission' to the Cairo asylum."

I am, Sirs, yours faithfully,

April 24th, 1897.

W. A. WILLS.

## "THE QUESTION OF THE SECOND OVARY IN OVARIOTOMY."

To the Editors of THE LANCET.

SIRS,—The points raised by Mr. Clement Lucas in his letter in THE LANCET of April 24th are both interesting and important. I think most men will agree that the right treatment was adopted in removing a slightly cystic second ovary in a woman forty years of age. I go further, and say that in *all* cases of ovariectomy near or after the menopause the second ovary should invariably be removed, whether it looks healthy, cystic, or atrophied. With regard to the case of a woman, aged twenty-five years, whose second ovary contained a cyst the size of an orange, it seems to me that instead of leaving it alone it would have been

better either to have removed it altogether or to have excised the cyst and left the ovary—a plan I have successfully adopted in several similar cases.

I am, Sirs, yours faithfully.

WILLIAM DUNCAN, M.D. Brux., F.R.C.S. Eng.

Harley-street, W., April 26th, 1897.

To the Editors of THE LANCET.

SIRS,—I read with interest the letter on the above subject from Mr. Clement Lucas which appeared in THE LANCET of April 24th. The opinion of a surgeon to a great medical school always deserves careful consideration. I cannot, however, say that I agree with Mr. Lucas's conclusions, as they do not accord with my own experience, dating from 1877, of a very large number of ovariectomies performed by myself and my colleagues at the Samaritan Free Hospital for Women and Children. Mr. Lucas holds that little *surgical* training is requisite for ovariectomy. It would have been more correct to say that not very much *anatomical* training is requisite; yet such a statement might do harm. The relations of the tumour to the pelvic viscera, the ureters, and the great vessels must be well understood by the beginner. Few operations test a man's surgical capacity better than that in question. I have known of terrible results due to an operator committing the grave error of making too light of an easy case or mistaking an innocent semi-solid ovarian tumour for a malignant growth, closing the wound and letting the patient die from hæmorrhage. Mr. Lucas is, on the other hand, much to be commended for looking on double ovariectomy as serious even when imperatively needed. My own views on the question will be found in a contribution to THE LANCET<sup>1</sup> entitled "Two Cases of Ovariectomy Performed Twice on the Same Patient." In 1889 I removed a papilloma of the right ovary from a woman aged fifty years. The left ovary, as I noted at the time, was elongated and atrophied. I considered that its removal was not justifiable, and I remain of the same opinion. The disease recurred in 1894 in the remaining ovary, which I took away without trouble. I wrote in the above paper: "Had I removed the flat, atrophied, apparently healthy ovary in 1889 I should have spared both myself and the patient much anxiety and two troublesome complications, which both recurred at and after the second operation. Yet surgeons are not prophets, and the chance of so atrophied an ovary becoming diseased seemed slight in 1889. The surgeon should hesitate to remove a sound organ on the strength of a theory." By "theory" I meant that of Pfannenstiel quoted in my contribution. Sir Spencer Wells declared at a meeting of an American society in 1888 that "if there is no suspicion of disease I do not remove it (the second ovary)." Howard Kelly's statistics support this principle.

When the second ovary is clearly diseased the case is quite different. The further development of a cystic tumour is all but certain, and is an intolerable annoyance to the patient. Cystic disease is not very difficult to diagnose when the ovary has grown to the size of a walnut. "A cyst as large as an orange" is pathologically, clinically, and surgically a tumour, and should be removed. I regret that Mr. Lucas should write down his opinion that when both ovaries are removed "a woman from that time forth is an unnatural monster cut off from the next generation." I know of a considerable number of patients where I and my colleagues have thought it right, on the above principles, to remove the second ovary, and not one of them is in any sense an "unnatural monster." Such a term might as well be applied to any spinster or any married woman sterile from uterine disease. The troubles of a premature menopause are far more tolerable than the worry and danger of recurrence of cystic disease in the remaining ovary. As for certain severe neuroses, they are known after the simplest unilateral ovariectomy.—I am, Sirs, yours faithfully,

ALBAN DORAN, F.R.C.S. Eng.,

Surgeon to the Samaritan Free Hospital for Women and Children.

Granville-place, Portman-square, W., April 26th, 1897.

To the Editors of THE LANCET.

SIRS,—The extraordinary sentences which open Mr. Clement Lucas's letter made me look carefully at the top of

<sup>1</sup> THE LANCET, Dec. 15th, 1894, p. 1415.

the page to see that dates were right, to make sure I was not reading a copy of your ancestor's journal of 1837. Is it possible that such a view can be held about any operation in surgery, much less concerning one about which there is always so much doubt till it is over? Yet there the words stand. A woman with both ovaries removed for cystic disease does not become an "unnatural monster"; nor is she cut off from the next or any other generation; nor does she stand in the least danger from this cause of being divorced.

Mr. Lucas is a lecturer on anatomy and surgeon to Guy's Hospital and an examiner in anatomy at the Royal College of Surgeons of England, and he records this in your columns this morning: "She was only twenty-five years of age and was found to have a large unilocular cyst of her right ovary, which contained ten pints of fluid, and connected with the left ovary was a cyst as large as an orange. The right ovary was easily removed and the other was left." The tumour which he removed was not a tumour of the ovary at all, but a tumour in the broad ligament, from which the ovary could easily have been separated by a skilled anatomist and left. The second tumour was probably the same, and if so, simple enucleation would have spared the patient the risk of a second operation and both ovaries. There is really no need to remove healthy ovaries at all; besides, it is getting dangerous and had better be carefully avoided. Deliberately to leave cysts is, however, very bad practice, according to my experience and belief.

I am, Sirs, yours truly,

Birmingham, April 24th, 1897.

LAWSON TAIT.

#### *To the Editors of THE LANCET.*

SIRS,—It is difficult for some of those who are interested in abdominal surgery to accept with complaisant acquiescence Mr. Clement Lucas's views contained in his letter in THE LANCET of April 24th on the treatment of the second ovary in ovariectomy. The advice he gives there as I read it is, "where one ovary is extensively diseased and the other only in the early stage of cystic degeneration," unless the patient is past the child-bearing epoch, that only "the extensively diseased ovary" should be removed, for by removing both "the woman from that time forth is an unnatural monster, cut off from the next generation, and if married with the condition secreted" presumably "liable to be divorced"; and also "should the cystic degeneration increase rapidly there would be no great danger in operating a second time for the removal of the second ovary." I have always been under the impression that it was the duty of the surgeon invariably to ascertain the condition of the second ovary at the time of operation and unhesitatingly to remove it if it were found to be indubitably the seat of disease, although only in an early stage. I believed this to be an accepted surgical rule admitting of little latitude of choice.

If the second diseased ovary is removed, together with the more extensively diseased one, the operation is not thereby made of greater gravity to any appreciable extent. Why, then, should so favourable an opportunity be neglected of radically dealing with the whole disease before the complications, if hitherto absent, to which such tumours are liable, have a chance of developing, as they may do between the two operations if each ovary is dealt with at a separate time? For it is surely quite the exception to observe an ovary, definitely affected with cystic degeneration, enlarged, for example, "to the size of an orange," as in Mr. Lucas's case, remaining in a resting state; the large majority increase steadily, although their rate of growth may vary widely. Moreover, should any patient be subjected, except for most adequate reasons, to the discomforts and risks of a second operation—an operation which, however Mr. Lucas may minimise it as a surgical procedure, still remains a laparotomy, one that certainly few would care to submit to oftener than necessary? Then is every woman who has had the ovaries removed of necessity "from that time forth an unnatural monster, cut off from the next generation"? I for one should be sorry to believe it. Moreover, her connexion with the next generation may have already been secured if she has borne children. That menstruation often continues after double oöphorectomy is a well-established fact. From my own observations I am convinced that the female temperament is much less influenced by this operation than is generally supposed to be the case; certainly to an infinitely less extent than the male temperament by the

corresponding operation. Even when the second ovary left, because normal to all appearance, it often in turn undergoes cystic degeneration and the patient has a second time to undergo ovariectomy, and occasionally troublesome complications arise when pregnancy closely ensues upon ovariectomy, as in a recent case under my care where I operated upon a partially irreducible ventral wound-hernia, causing great inconvenience, which had occurred during the pregnancy and was greatly aggravated by the enlarged uterus.

The medico-legal aspect of Mr. Lucas's supposed case, where a woman marries having concealed from her husband the fact that a double ovariectomy had been previously performed upon her, is only of collateral interest and relatively unimportant. But I cannot see that the subterfuge is much less to conceal the fact that one ovary has been removed and the remaining one is known to be cystic "to the size of an orange," as in Mr. Lucas's second case, than to suppress the fact that both ovaries have been removed. Possibly the suitor of such a patient, if possessed of some medical knowledge, might think the latter the lesser ill.

I am, Sirs, yours truly,

J. H. DAUBER, M.B., B.Ch.Oxon., M.R.C.P.Lond.,

Assistant Physician, Hospital for Women, Soho.

Charles-street, Berkeley-square, W., April 27th, 1897.

#### EPILEPSY AND MARRIAGE: A SUGGESTION.

*To the Editors of THE LANCET.*

SIRS,—I venture to think that it will be a pity if the interesting correspondence upon the marriage of epileptics should close without some practical good. As a contribution to the theoretical and scientific side of the question the letters you have published have a value of their own; but, apart from this, we are not much nearer the actual facts as to the influence of marriage and epilepsy upon each other. There must be few of your readers who have not had opportunities of becoming acquainted with the history of one or more married epileptics and the effect, if any, on the offspring; and if we could induce you to receive, and your readers to send you, the family histories of cases which have come under their observation a store of facts would be accumulated of more use and practical value even than the instructive correspondence which has just closed.

I am, Sirs, yours faithfully,

April 26th, 1897.

NORMAN PORRITT.

#### "THE MIDWIVES REGISTRATION BILL."

*To the Editors of THE LANCET.*

SIRS,—There having been some delay in the publication of my letter, which appeared in THE LANCET of April 24th, I wish to say that on April 14th Mr. Skewes-Cox, Member of Parliament for the Kingston Division (Surrey), requested me to supply him with a copy of my "Sick and Obstetric Nurses Bill," as outlined in my letter, and I therefore drafted a bill of nine clauses with schedules and sent it on April 19th to the hon. member, who is giving it his careful consideration. It is an adoptive measure, and would be administered by boards of guardians, county, district, and parish councils, or by voluntary nursing associations. Clause 3 renders it "unlawful for any person (male or female) to assume the title or to practise as a midwife, sick or obstetric nurse, without the supervision and control of a fully qualified and registered medical practitioner." Clause 4 provides for "a certificate of competency from a duly recognised teaching authority for every woman acting as sick, monthly, or obstetric nurse." Clause 5 makes it compulsory for boards of guardians to "adopt" the Act in default of other local authority. Clause 7 prohibits both sick and obstetric nurses "from prescribing or administering any noxious drug or using any surgical instrument (apart from those necessary to their calling) or signing any death certificate or certificate of still-birth or of illness for any club or benefit society, the penalty for any one of these offences being three months' imprisonment and dismissal by the authority under which she is acting." This clause would extinguish the female prescriber and abortion-monger once for all. Clause 9 deals with boards of guardians and the fees payable to medical men. These are all on the basis of the Consolidated Orders, but mileage is to be paid for above a mile from the medical man's residence. The schedules deal