

assumed an almost normal anteflexed position, and risen higher up in the pelvis, though being still lower than normal. The women were able to do without pessaries. In the case of a complete prolapse (in a patient aged 75) the condition was improved so far that cystocele, with frequent micturition and tenesmus, as well as certain rectal symptoms (involuntary defæcation), disappeared altogether, and, after a month's course of treatment, the womb could be effectively kept in place by means of a jute plug. Previously all sorts of pessaries had utterly failed to keep the organ within the pelvis.

CORRESPONDENCE.

OVARIOTOMY IN TENERIFFE.

SIR,—Having seen Sir Spencer Wells's contribution to the JOURNAL, published April 13th last, on "Ovariectomy in Spain," I have thought that it would interest your readers to have a record of the cases operated in Teneriffe.

The operations are six in number, all successful, as may be seen from the accompanying notes:—Two were performed by my father, Don Victor Perez (M.D., Paris), and four by Don Eduardo Dominguez (M.D., Madrid), both of whom had seen Sir Spencer Wells's practice at the Samaritan Hospital.

Dr. Dominguez has kindly sent me the particulars of his four cases, to which I append a translation. His last case had been operated on by Sir Spencer about the middle of April, 1882. I introduced the patient to him, being then a student in London.—I am, etc.

G. V. PEREZ, M.B.Lond.

OVARIOTOMIES by Dr. VICTOR PEREZ.

CASE I.—B. F. J., of Readejo, Orotava, Teneriffe, aged 37, single; had been tapped by different medical men in the island seven times; first, in 1877; secondly, fourteen months after, and then the intervals became less; the seventh time was in 1882, two months before the operation, which took place on May 9th, 1882, Dr. Soler giving chloroform, was performed at Orotava. A large multilocular tumour of the left ovary was removed, weighing some 27 lbs.; notwithstanding the previous tapplings, there were no adhesions. The pedicle was tied with silk and left in. The operation was performed with Listerian precautions and spray. The wound united well. There was slight feverishness for a few days. Good recovery, patient still alive, and employed in teaching as before.

CASE II.—M. de A., wife of a landed proprietor, mother of several children, aged 34. First seen by her medical attendant, Dr. Soler, shortly before the date of operation, on June 24th, 1886. Diagnosis doubtful, on account of the very rapid growth, great dropsy of parietes and ascites. Dr. Soler gave chloroform, and after the escape of much fluid from abdominal walls, and ascitic collection, a large multilocular cyst of the left ovary was found, which was easily removed (fluid in cysts gelatinous, of different colours). The pedicle was tied with stout silk. Listerian dressing. Wound healed kindly, and patient was up and about soon. Relapse a few weeks after, rapid growth of another tumour with similar symptoms, and death from syncope some eight months after operation,¹ no necropsy.

OVARIOTOMIES by Dr. E. DOMINGUEZ (Translation of Original Notes in Spanish), Teneriffe.

CASE I.—I. C. de A., of the island of Gomera (Canary Islands), aged 37, multiparous, several tapplings; œdema of face and lower extremities, fever for some months before operation. Operation, April 5th, 1884, under chloroform; multilocular cyst right ovary, adherent to omentum and anterior wall; Listerian; pedicle left in; metallic and silk sutures. Well fourteen days after operation.

Observations.—On the seventh day, the bed-curtain took fire, and, notwithstanding fright, no harm done; some fever after operation.

CASE II.—I. F. de G. de P., from Grand Canary, aged 22, married, no children; tumour excessively large. Operation, May 2nd, 1885; multilocular cyst of right ovary; numerous adhesions to abdominal walls and omentum, some to intestine; this remained

retracted at the upper part of the abdomen. On the fourteenth day she had severe intestinal colic with hysteria, lasting hours; the intestines came down during this and the next day. Well seventeen days after operation.

CASE III.—I. B. Esperanza, Teneriffe, aged 25, one labour. Operation, September 27th, 1887; multilocular tumour, not many cysts, no adhesions, left ovary. Well eight days after operation. No fever or complication.

CASE IV.—C. R. H., Tegueste, Teneriffe, single, aged 39, operated on for a cyst of the right ovary by Sir Spencer Wells, in April, 1882, in London. On her return home some pain in the left ovarian region; some time after, the abdomen increased in size; this increase gradually became pronounced. Operation, May 5th, 1888; left ovary (hernia in linea alba about the umbilicus); numerous and strong adhesions to abdominal wall, to omentum, and to posterior and deep parts of pelvis; some parts of the tumour remained attached to the pelvis. Hæmorrhage eight hours after operation; dressing had to be changed. Sickness and diarrhoea; fever slight. She got up twenty-four days after operation. She had been ordered leeches on account of some discomfort owing to want of catamenia.

THE SPREAD OF LEPROSY.

SIR,—In your review of the most valuable work *Leprosy an Imperial Danger*, by Archdeacon Wright, in the JOURNAL of June 8th, you mention the quotation from Dr. Leloir as to its geographical distribution and history. In fairness to myself I beg to point out that Dr. Leloir has simply quoted my own book, both as to fact and deduction.¹ I think I proved (I did not assume) twelve years ago that leprosy had been carried to the Western Hemisphere by negroes; and also, as bearing on the all-important point of its transmission by contact, that, in all probability, it existed in Egypt, having been imported there from the Soudan long before 1500 B.C., possibly even 4200 B.C., so that the Jews became infected, and carried it out of Egypt with them. I also pointed out the facts as to the North American Indians.

It is almost impossible to express the value of such a work as Archdeacon Wright's at the present time, and I sincerely hope that it will fully effect its purpose, that of calling attention to the spread of this horrible plague, and direct attention to the only means for its extirpation, segregation.

It affords me great pleasure remembering that, eighteen years ago, when studying the subject, I stood alone against the great authority of the Royal College of Physicians, and such as Erasmus Wilson, in holding and trying to prove that leprosy was contagious or communicable, to see the fearful error committed in 1867 recognised, and the views I have always contended for admitted, and, I hope, soon to be officially acted on, so that, so far as the power of the law can assist, segregation may be enforced throughout the British dominions.

With, in India, from a quarter to half a million of lepers, and thousands more in our Colonies, and more than a threat of leprosy again attacking this country, the importance of a correct means of preventing its spread cannot be over-estimated, and this means, as I pointed out years ago, is segregation, humanely but firmly carried out.—I am, etc.,

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THE REGISTRATION OF NURSES.

SIR,—The question of the registration of nurses is so important that it is incumbent that the public, as well as the nurses, should fully realise that the most experienced of the hospital managers, with the heads of the nurses' training schools, from the Nightingale Fund downwards, are fully convinced that the time has not arrived for a system of registration to be tried. The Hospitals Association which originated the idea of registration for trained nurses, and which worked out a scheme with this object before the British Nurses' Association was in existence, abandoned the idea because they became convinced after much research that a general register of nurses was rightly regarded, by those most capable of forming a sound judgment on the question, as being calculated to produce more evil results than good.

Miss Lückes, in her paper which you recently reviewed, gives the principal reasons why it is advisable not to bring all nurses to a dead level by registration.

¹ *Leprosy*, pp. 6, 7, 9, 28, 29.

¹ I remember having spoken to Sir Spencer of this case when he visited Teneriffe, and he thought it must have been a malignant tumour, from the history. G. V. P.