distension of vessels of the medulla oblongata and pons Varolii.

The lungs were congested; the *larynx* and *trachea* healthy.

The blood was generally fluid, and somewhat dark in colour.

The heart was healthy in structure. The right and left ventricles and the right auricle were distended with blood, presenting in the right side a fibrinous clot; in the left, a black clot.

The fauces and submaxillary glands were healthy. The tongue was dry. At the lower part of the pharynx, the mucous membrane on each side of the epiglottis was coated over with a thin film of tenacious mucus, not unlike false membrane; and it was considered that the membrane itself was more than usually vascular, and the mucous follicles enlarged and red. This view was not accepted generally, some of those present at the examination believing the parts to exhibit nothing abnormal. The *oesophagus* was healthy.

Original Communications.

OVARIOTOMY IN PARIS.

By J. SAMPSON GAMGEE, Esq., Surgeon to the Queen's Hospital, Birmingham; Corresponding Member of the Society of Surgery of Paris.

IF the reference in the JOURNAL of May 28th (p. 590) to an operation of ovariectomy, which I recently performed in Paris, only concerned myself, I might allow it to pass unnoticed; but as circumstances, doubtlessly accidental, placed me for a moment in the honourable position of a representative English Surgeon in the French capital, I desire to comment briefly on a proceeding which, I very much regret to find, wounded the susceptibilities of some of the Academicians.

On March 31st, I received a telegraphic message to a consultation in Paris on a case of abdominal disease.

I found the Baroness N. de T— much emaciated, but free from organic disease other than a large tumour, which, after careful examination, I pronounced to be ovarian, multilocular, and, in the main, non-adherent. There was a good deal of free peritoneal fluid; and the uterus was decidedly moveable. The patient's sufferings, from vomiting and oppressed respiration, were, from time to time, very great; her morale was heroic. She had taken great interest in the several consultations which had been held in her case by more than one of the celebrities of Paris; and she joined the members of her family in urging the question, Did I think operation offered a chance of life? I concealed none of the dangers, but I did not hesitate to reply, that the tumour was undoubtedly removable, and that I relied greatly on the patient's good constitution and marvellous courage for the reduction of the after-risks. Out of respect for the opinion of those French surgeons who have attributed the frequent deaths from great operations in Paris to its atmosphere, I expressed a wish that the Baroness should be installed on the borders of the Bois de Boulogne. Effect was immediately given to every wish I expressed, and throughout the Baron was advised, and I was most cordially and ably assisted, by Dr. Blatin, the physician with whom I was more directly in consultation. Under this gentleman's care, our patient greatly improved in health; so much so that, but for the mechanical troubles occasioned by the tumour, I should have longer deferred active

intervention; but, under the circumstances, one of the best moments was selected, and I operated on April 16th; Mr. J. T. Clover of London administering chloroform. The result in every respect bore out the diagnosis; the pedicle was unusually long; only one adhesion existed, and that to the left iliac fossa; its length explained the previous locomotion of the mass, and prevented subsequent traction.

Everything was done to keep up strength; the skin was cool; the tongue clean and moist; and the pulse averaged 100. With this state of things, the bowels having also acted spontaneously, the fourth day after operation, contemplating my speedy return, I consented, after consultation with Dr. Blatin, to present the tumour to the Academy of Medicine then sitting; and I availed myself of the kind offer of introduction to that august body by its members Baron Larrey and Professor Ricord.

Pathological specimens, and especially ovarian tumours, are best seen in the fresh state; and of the latter so little was recorded, when their motto amongst surgeons was *Noli me tangere*, that I scarcely think M. Depaul would affirm that even the countrymen of Cruveilhier have exhausted the natural history of ovarian disease.

Professor Velpeau may remember that when I had the honour, a few days previously, of addressing him and his illustrious colleagues at the Society of Surgery, on a successful case of amputation at the hip-joint, I noted the *dictum* of the Royal Surgical Academicians of the last century, "*L'opération n'est qu'un point dans l'exercice de la chirurgie.*" In no procedure is this so true as in ovariectomy; the diagnosis and after-treatment being of at least commensurate importance with the operation itself.

In the case in question, grave doubts had been thrown on the amenability of the mass to surgical treatment. To these doubts, the specimen seemed to afford a sufficient answer; which, for obvious reasons of international courtesy, I should certainly have suppressed, if not otherwise advised by distinguished Frenchmen.

Probably, while occupying the Tribune of the Academy, I had not the honour of M. Depaul's presence amongst the distinguished auditory, as he appears to have remained unacquainted with the peculiar value of the specimen presented with a succinct history of the case. Only one of the cysts contained clear liquid; all the others were filled with purulent, yellow, green or brown thick matter; and the lining of several of the cysts denoted recent active inflammation. Nevertheless, the tumour was free, and I was justified in discarding the presumption of adhesion, indicated by the patient's long suffering and repeated acute attacks, in the presence of the positive evidence of locomotion of the mass demonstrated by the results of physical examination. The specimen and history supplied a typical illustration directly opposed to those cases in which, without any previous indication whatever of peritonitis or cyst inflammation, an ovarian tumour is bound to the abdominal walls and organs by the most formidable links.

When I left the patient after the expiration of the sixth day—clamps off; wound solid; pulse 105, respiration 23; tongue clean and moist; no tenderness—Dr. Blatin and myself regarded her as convalescent. The eighth day, sickness, which had previously been considerable, at intervals, but had yielded to treatment, returned violently, and proved rapidly fatal; apparently by exhaustion, which had frequently threatened a similar termination during the preceding illness. That such was the result, I feel no one will regret more than those of my French colleagues, from whom I received the most encouraging proofs of friendship.

The freedom of the tumour, the number of days which the patient survived, and the advanced progress she made towards recovery, are almost suggestive of regret that the powers of life were not called upon for the grand effort before they had become so much exhausted. I am left to the reflection that, but for the operation, a short prolongation of life would have been possible to one of the rarest and most honourable women it can ever be my privilege to attend. But her sufferings had been so great; her desire of life for noble purposes was so eager; my reliance on the diagnosis was so complete; my experience in an almost precisely similar case was so encouraging—that I cheerfully undertook the great responsibility; and I should, under similar circumstances, act in a precisely similar manner, with this exception: that if I were again permitted to address the Academicians, I should plead, in the words of Professor Velpeau, long since uttered, but still true, “Messieurs, la chirurgie a besoin, comme la médecine, d’une révision presque complète.” (*Leçons Orales de Clinique Chirurgicale*. Bruxelles 1841, p. 20.)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

CASE OF OVARIOTOMY: WITH REMARKS ON THE PROPRIETY OF TAPPING ONCE BEFORE PERFORMING OVARIOTOMY, AND ON THE BEST MODE OF SECURING THE PEDICLE.

By W. MICHELL CLARKE, Esq., Surgeon to the Bristol General Hospital.

[Read February 18th, 1864.]

It is my intention to bring before your notice the history of a patient upon whom I have recently performed ovariectomy.

In August last, I received an urgent message requesting me to visit a servant who lived near Bristol. She had been seized early in the morning with severe pains, which were gradually increasing in intensity. She had had similar pain on the preceding day, but it had passed off again.

She was a tall, well-made woman, rather thin. She said that her age was 35; and that she had generally been healthy, except that, about twelve months since, she had been in the Infirmary with a sore leg, when it was noticed by her surgeon that she had an abdominal tumour, but it was then small. She came out of the Infirmary, and said that she had continued well until the present time. The enlargement of her abdomen, which was at this time quite that of a nine months' pregnancy, had not arrested her attention.

I requested her to go to bed, that I might make a more careful examination. After noticing that the abdominal enlargement corresponded in form and outline with that presented at the full period of gestation, that there were several large superficial veins showing through the skin, and that the breasts were thin and small, I examined her with the stethoscope. She was tender, and shrank from pressure over all the upper part of the tumour; and in the same situation there was a distinct friction-sound, produced, I had no doubt, by inflammation of the peritoneum. I now percussed the abdomen, and found dullness every where, except in the upper part of the epigastric regions and the posterior parts of both lumbar regions. There was also distinct fluctuation all over the tumour. On introducing the finger into the vagina, I found that the uterus was undeveloped and loose. I could not feel any tumour in the pelvis.

I concluded that my patient was suffering from

ovarian dropsy, with inflammation of the peritoneum covering its upper part; and advised her to go at once into the General Hospital.

After a consultation with my colleagues, Dr. Fripp and Dr. Swayne, who agreed with me, I decided to withdraw the contents of the cyst by tapping; and this, because it did not seem right to subject the woman to the grave operation of ovariectomy without giving her the chance, although an unusual one, of the cyst not refilling, or refilling very slowly; and because, also, we thought that some valuable information might be gained as to the connections of the tumour when its contents were discharged. Accordingly, on October 8th, the patient having in the meantime become very unwieldy and anxious for relief, I performed the operation of paracentesis. Fifteen pints of clear straw-coloured fluid were withdrawn; great relief followed this proceeding. After the operation, a compress was for some time applied over the situation of the cyst, and the abdomen was carefully supported by a flannel bandage.

Upon examining the abdomen after the cyst had been emptied, the integuments above the umbilicus were found to be puckered and drawn downwards; but the belly became every where resonant upon percussion, except for a considerable space extending from the left iliac fossa.

On October 26th, at which time the sac was already refilling, she was discharged to her home in Wiltshire.

By December 18th, the enlargement had become again so considerable that she returned to the hospital. It presented much the same features as before; but there could be now felt, through the vagina, a somewhat firm tumour, not fluctuating; and another, which appeared distinct from the principal cyst, could be felt in the left groin.

After a consultation held with Dr. Fripp, and with all my surgical colleagues, and with Dr. Swayne, and after pointing out to the woman very plainly the risks attending the operation and the general prospects of her disease, she elected to have ovariectomy performed. This was not a case in which any benefit could be hoped for from the injection of iodine. Tapping *per vaginam* was impracticable, for the principal cyst could not be reached in that direction; and tapping followed by pressure had been tried, and had failed. On the other hand, there seemed to be nothing unfavourable to ovariectomy, except the adhesion that had evidently taken place along the front surface of the upper part of the tumour; and this, it was thought, might be readily broken down.

On the day of the operation (Jan. 13th, 1864), the patient was in good general health. She measured thirty-seven inches at the umbilicus. An enema had been administered early in the morning, and the urine was drawn off just before the operation. There was some little difficulty in introducing the catheter, the bladder being displaced a good deal to the right. The room was kept as nearly as possible at a temperature of 70° Fahr. Chloroform was administered, and she was kept well under its influence during the whole time. She vomited once before the operation commenced, and again immediately after it was finished; but, whilst it was actually in progress, she was not sick, and she was perfectly unconscious.

I first made an incision of about four inches long, commencing about an inch below the umbilicus, and extending to about two inches and a half from the pubes. When I had dissected to the peritoneum, and opened it on a director, I introduced my finger, and found, as I had expected, considerable adhesions over the upper part of the tumour. I therefore enlarged the incision upwards, and introduced my hand, reaching as far as I could, and separating the adhe-