Removal of cartilaginous growth from patella	1
Removal of fibro-vascular (erectile) growth from leg ..	1
Removal of fibroma from nasal fossa*	1
Herniotomy	2
Ligature of brachial artery	1
Total	45

The total is, as already stated, small, but the result is interesting. One death only has occurred, and this in a case of excision of the hip in a very bad subject, which I was obliged to perform on account of the severity of the pain arising from the inflamed head of the thigh-bone. I can hardly accept this as one in my death-rate, since the operation was performed to relieve pain, but with no expectation of saving life. Besides mere death-rate, however, I believe that the length of time necessary for recovery is immensely reduced by this method, as witness the two excisions of the knee above detailed. Space forbids me to enter upon that subject now, and my material hardly allows me to do it full justice at present; but I hope shortly to bring forward some accurate data concerning that part of the question.

REMARKS ON THE CASE OF MISS MARTINEAU.*

By T. SPENCER WELLS, F.R.C.S.

By the desire of a brother-in-law of Miss Martineau, Mr. Higginson of Liverpool, who is present this evening, and to whom we are all much indebted for the invention of the very useful syringe which bears his name, I now exhibit to the Society the cyst which was removed from Miss Martineau's body after her death by Mr. King of Ambleside, as described by this gentleman in the communication which has just been read to the Society.

The cyst is not of much interest to the morbid anatomist. It is seen to be a pear-shaped almost single cyst; and the Fallopian tube with its fimbriae, and part of the broad ligament with the remains of the Wolffian tubules, have their ordinary attachments or connections with the outer surface of the cyst. There is nothing whatever to support the hypothesis advanced in the *BRITISH MEDICAL JOURNAL* by Dr. Greenhow of the "passage of the displaced ovarium through the Fallopian tube". The cyst contained only about half a pint of liquid, but about ten pounds of the hard fat-like substance to be seen in the bottle on the table. Though looking like fatty or stearoid substance, it does not melt on being heated, but scorches like horn or hair. It is mainly a mass of epithelial scales, with some cholesterine and fine hair. The cyst, therefore, was dermoid. Here its interest to the pathologist or the morbid anatomist ceases; but the clinical history of the case is very much greater. In Miss Martineau's lifetime, her illness, supposed cure by mesmerism, and renewed illness, were publicly discussed. The supposed failure of orthodox medicine and the complete triumph of mesmerism in her case were published by herself in her *Life in the Sick-Room*, and in her *Letters on Mesmerism*, and have been vaunted by many of the supporters of mesmerism from that time to this. Indeed, much of this has been lately revived by the publication of her very interesting *Autobiography*, a book which is very widely circulated. Taking the facts of the illness as gleaned from this *Autobiography*, comparing them with the medical report of Dr. Greenhow published in 1845, and then glancing at the cyst now before the Society, the whole case becomes so clear that its lesson cannot be mistaken.

It is not quite certain when the ovary first began to enlarge; but we do know that dermoid cysts, as a rule, are of very slow growth, and a history of thirty or forty years would not surprise us. Writing herself in 1839, when thirty-seven years old, and about thirty-six years before her death last year, Miss Martineau says at page 151 of the second volume of her *Autobiography*: "An internal disease was gaining ground for months or years before I was aware of it. A tumour was forming, of a kind which usually originates in mental suffering." Two years later, in 1841, Sir Charles Clarke saw her with Dr. Greenhow, and the result is stated very clearly in the published report of the latter gentleman. There was supposed to be a fibroid enlargement and retroversion of the fundus uteri; and Sir Charles Clarke states very distinctly that this disease of the body of the uterus is much less serious than some forms of disease of the neck of the uterus. He

does not speak of the case at all as hopeless, though Miss Martineau repeatedly in her journals speaks of her illness as incurable.

Neither Dr. Greenhow nor Sir Charles Clarke is to be blamed because they mistook an enlarged ovary low down in the pelvis behind the uterus for an enlarged and retroverted uterus. The uterine sound had not then been brought into use; and even now, with all the aid that men accustomed to its daily employment can gain from it, and with the certainty with which in most cases it enables us to complete a diagnosis, doubt must in some exceptional cases be felt whether a pelvic tumour is uterine or ovarian. Taking Mr. King's report of the uterus after death as "small and unaffected", there can now be no reasonable doubt that the tumour was ovarian from the first; that, so long as it was in the pelvis, it led to great suffering; and that its rise from the pelvis into the abdomen, which happened to coincide with mesmeric treatment, was followed by great temporary relief—the supposed cure of the tumour by mesmerism, which was so triumphantly proclaimed.

The growth of the tumour after its rise from the pelvis seems to have been slow, and the next phase of the illness was not until 1855, when symptoms of supposed disease of the heart led to the consultation of Dr. Latham and Dr. Watson. I have here a copy of the note made at the time by Sir Thomas Watson, and I am sure you will all admire the hand of the great master in this life-like sketch, made in a very few minutes when in the full flood of busy practice with his waiting-room crowded. I am very glad to be permitted by Sir Thomas to read to you an exact copy of his notes.

"January 31st, 1855. Miss Harriet Martineau, aged 53. Catamenia ceased three years ago. For a year or more, has been short-breathed on exertion, especially when ascending. Has grown much stouter, and began to do so before the catamenia ceased. Speaks of intermissions and subsequent boundings of the heart, felt by her very disagreeably. Has occasional twinges at the back of her neck, as if the scalp were pulled up. A marked vertical arcus senilis. Has dyspnoea occasionally, even in bed, with flutter and bump of the heart. No morbid lung-sounds, but the respiratory murmur is rather louder in the left lung. The heart is heard extensively over the chest—noisy—the first sound approaching a thrum. No actual *bruit*. Urine made profusely and often during the night. This new to her. It is pale, acid; specific gravity 1011 or 1012; shows no albumen to heat or to nitric acid. A large pear-shaped indolent tumour reaching as high as the lower part of the epigastrium."

Here you see this large pear-shaped tumour very much as Sir T. Watson described it in 1855—a little, but probably not very much, larger; and, as we gather from Dr. Greenhow's recent report, not encroaching very much on the chest until some eighteen months before death. And Sir T. Watson's note is the only definite account I have been able to find of an abdominal tumour during life. Dr. Greenhow and Sir Charles Clarke described the tumour before it rose out of the pelvis; but in 1845 Dr. Greenhow said the abdominal enlargement was principally due to flatulent distension of the intestines. Sir T. Watson says Miss Martineau began to grow stout before the catamenia ceased in 1852. It is, therefore, almost certain that, after rising from the pelvis, the cyst was ten years before it reached the epigastrium and interfered with the action of the heart; and that it remained without very great increase during the subsequent twenty-one years. During most of this time, Miss Martineau's life was that of an invalid; sometimes suffering a great deal; always apprehending the result of the incurable disease of the heart under which she believed she was dying, notwithstanding the assurances of the two most distinguished physicians of the day; and, although she did a great deal of literary work, she was a source of constant anxiety to her relatives and those about her. When we see how much real good work she did under such disadvantages, and acknowledge how great were the doings of an invalid woman in comparison with what most of us who are strong and well are able to do, we must regret the more that the last twenty years of the life of this remarkable woman were not made as happy as they might have been by the removal of the cyst which was removed so easily after her death. There were no adhesions; the pedicle was long and distinct, and the case in all respects one most favourable for ovariectomy—the chances at least ten to one in favour of recovery.

I will only say, in conclusion, that I fully agree with Dr. Greenhow in his opinion that the disease from which this eminent woman suffered serves "in some degree to explain some of the peculiarities of character which were apparent during her remarkable career".

THE Army Medical Department has prepared a report specifying all that would be requisite for an army corps of 50,000 men if ordered to take the field, and we understand that the report is now at the War Office.

* This tumour grew between the mucous membrane and the osseous walls, intruding into the mouth in front of the canine tooth, lateral incisor, and first bicuspid, blocking the nostril and protruding the cheek. It did not involve, nor did I in removing it involve, the mucous membrane; hence the antiseptic method was available.

* Made at the Clinical Society of London, Friday, April 27th, 1877.