his belief "that some day we shall achieve the discovery of a ready and easy means of operating thus at our pleasure upon every one alike."

At the same time we do not doubt that other instances of the surgical use of hypnotism will be put on record, and these may possibly be of increasing number as the predisposition to an hysterical condition grows in the community by force of example and faith. But soon will come a time when the epidemic influence will fade, and the sporadic cases of belief in the method as an anæsthetic will be again for a while confined to the "seekers after many inventions," and these will be found to furnish the requisite mental condition for an attack as numerously and as readily under the sky of London as of Paris.

REVIEW X.

Eight Cases of Ovariectomy, with Remarks on the Means of Diminishing the Mortality after this Operation. By T. SPENCER WELLS, F.R.C.S., Lecturer on Surgery at the Grosvenor-place School of Medicine, Surgeon to the Samaritan Hospital, &c. &c.—*Dublin*, 1859. pp. 42.

Of the eight cases of ovariectomy reported by Mr. Spencer Wells in the body of this pamphlet, only two proved fatal; this remarkable success is somewhat diminished by the addition of two other fatal cases, which have occurred more recently, and to which the author adverts in a prefatory notice; but with the two successful cases which have also fallen to Mr. Wells' lot since the publication of his paper, the general results are still sufficiently satisfactory to arrest attention and to force upon surgeons the duty of reconsidering the whole question of ovariectomy. Mr. Wells, we think very reasonably, draws a parallel between the operation for lithotomy and ovariectomy. In both there is a disease causing great pains or discomfort, which may continue for a greater or less period, without inducing death; but which must inevitably prove fatal after protracted misery and suffering. The removal of the stone or the tumour may hasten death, or it may establish a perfect cure; and as the mortality after ovariectomy appears, even under the most unfavourable view of the opponents of the operation, not to be very much greater than after lithotomy in the adult, Mr. Spencer Wells argues that we are not justified in discarding the former. On the other hand, he quotes the results obtained by Dr. Clay, of Manchester, who out of 87 cases has only lost 27, or about 1 in 3; and he also points to his own operations in proof of the fact that the mortality is capable of a much further reduction.

The following are the principal features of the eight cases now before us—

1. A single woman, aged twenty-nine, had an ovarian tumour of four years' growth, for which she had been tapped seven times; her health was failing when Mr. Wells determined upon operating. A three-inch incision was made below the umbilicus; old and firm adhesions had to be broken down by the hand; the peduncle, which was on the left side, and of the breadth of three fingers, was transfixed, and tied in three portions by whipcord ligature. The peduncle was too

short to be fastened in the wound, but the ligature was passed through the lower part of the wound; the edges of the wound were brought accurately together by superficial and deep silk sutures, and the abdomen was supported by a broad flannel bandage. The ligature, with a large slough attached, came away on the twelfth day, from which time the patient gradually improved. The recovery was complete, and the patient has since emigrated to Australia. We should add, that the cyst, with its contents, weighed twenty-six pounds.

2. A married woman, aged thirty-eight, had an ovarian tumour, probably of twenty-eight months' growth; she had been thrice tapped before Mr. Wells removed the tumour. Owing to the extensive adhesions, a larger incision was necessary than in the first case; the peduncle was fixed between the edges of the wound, and the wound carefully closed with harelip pins. The peduncle had completely sloughed through on the ninth day, except at one spot, which was secured by a fresh ligature. From the time at which this ligature came away, the patient rapidly recovered. The weight of the cyst, with its contents, was thirty pounds fifteen ounces. This patient, from later accounts, proved to be perfectly cured.

3. A married woman, aged thirty-three, dated the formation of the ovarian tumour from her last pregnancy, three years before Mr. Wells saw her; she was then fifty-seven inches in girth at the umbilicus, owing to a complication of ascites with the ovarian disease. After drawing off fifty-seven pints of ascitic serum, Mr. Wells removed the ovarian tumour, which was irregularly lobulated. Alarming hæmorrhage occurred in this case after the peduncle was divided, though secured between the blades of a metal clamp. The bleeding proved to come from a large vein running along the brim of the pelvis, which had been torn; it was taken up by a toothed forceps, and a lateral ligature applied. The case progressed favourably, without a bad symptom; the clamp came away on the 8th, the ligature on the vein on the ninth day. The patient left, cured, four weeks after the operation.

4. A single woman, aged thirty-nine, had an ovarian multilocular tumour of nearly two years' growth; the removal was effected with great facility as there were no adhesions; the operation was performed as in the previous cases, and things went on well at first, but death took place suddenly at the end of thirty-nine hours. There was evidence of recent peritonitis, and the peritoneal cavity contained a considerable quantity of very acrimonious fluid, which the author regards as having been of a poisonous character and one of the causes of death.

5. A married woman, aged forty-three, with an ovarian tumour of four years' growth, and suffering also from ascites, was operated upon; forty-nine pounds ten ounces of the ascitic fluid having been removed a fortnight previously. Only one or two slight omental adhesions had to be separated, and the tumour was readily extirpated, the pedicle, which consisted of the right Fallopian tube, the broad and round ligaments, being fixed externally by the clamp. The stump of the pedicle separated on the ninth day, and in twenty-seven days after the operation the patient returned to her home.

6. A married woman, aged twenty-nine, with an ovarian tumour of

ten months' growth, solid, and freely moveable, and also affected with ascites, was operated upon on June 17th, 1859. Numerous adhesions had to be broken down, the tumour was so closely attached to the uterus that it was with difficulty that a clamp could be applied; unfavourable symptoms set in, and death ensued forty hours after the operation, from peritonitis and hydrothorax.

7. A lady's maid, single, aged twenty-nine, with an ovarian tumour of eighteen months' growth, after being twice tapped, was operated upon by Mr. Wells, as in the previous cases, the peduncle being secured externally by a clamp; "a fortnight after the operation, she was sitting up in bed, eating and sleeping well, almost free from pain, pulse eighty, and the wound quite healed, except at the little spot where the peduncle had passed; here there was still a little foetid, purulent discharge." She left the hospital in perfect health, four weeks after the operation.

8. A married woman, aged forty-seven, with an ovarian tumour of nearly two years' growth, after repeated tapping, was operated upon by Mr. Wells in the usual way; extensive adhesions had to be broken down, as the cyst was attached to the omentum, small intestines, broad ligament, sigmoid flexure of the colon and Fallopian tubes. After securing the pedicle by a clamp, and cutting away the cyst, there was considerable hæmorrhage, and ten vessels had to be tied. The tumour consisted of one large cyst, with numerous small ones, and semi-solid, pseudo-colloid substance in its walls. The clamp was removed on the fifth day, and the patient did perfectly well.

In the remarks which the author appends to his interesting and instructive cases, he dwells upon the importance of establishing the diagnosis before proceeding to operate, a point that can scarcely be sufficiently urged, when it is remembered that the operation has been often commenced where pregnancy, hepatic, peritoneal, or uterine disease simulated ovarian dropsy, or where there was no tumour at all. Nor should organic disease of other parts of the body be overlooked, as it should counter-indicate the operation. Mr. Wells next discusses the period at which the operation should be performed; he does not consider the question settled, but points out that in all his successful cases the disease had advanced very far. After alluding to the importance of attending to the warmth of the patient, and of maintaining a high and equable temperature in the room in which she is operated upon, he insists upon the value of anæsthetics in relieving the patient's apprehension, and in preventing the shock caused at the operation. Numerous valuable suggestions are made in regard to the proceedings to be adopted during the operation. When the cyst contains fluid a large trocar is recommended in order to save time, and the removal is facilitated by attaching an elastic tube to the instrument, so as to convey it away without wetting the patient. For this purpose Mr. Wells employs a trocar with an opening at the lower part of the canula, to which the tube may be fastened.

The advantage of securing the pedicle, external to the wound, by a clamp, has been rendered apparent by the cases; in the first two only were ligatures alone employed; in two, ligatures became necessary in

addition to the clamp, as a portion of the peduncle had slipped from its grasp. Mr. Wells is of opinion that the *écraseur* may supersede both the ligature and the clamp. But when, with all the care of scientific forethought, and with the skill and dexterity of an experienced manipulator, the operation itself, one of the most frightful in surgery, has been performed, then the tact of the practitioner is called into play in regulating the after-treatment, a matter of no less importance than the operation itself. The following are some of Mr. Wells' very judicious remarks on this important point :

"The great objects appear to me to be to keep the patient perfectly quiet, free from pain, and thoroughly clean; the surgeon should not be led by the fact of the pulse being very rapid to fear peritonitis, and adopt active measures. It has seemed to me that the rapidity of the pulse is owing, in a great measure, to the return of the heart to its normal situation; but whether this be so or not, it is certainly no ground for active measures. With the exception of opium, given with the precautions I have already indicated, I am disposed to attach far more importance to hygienic measures than to medicinal treatment. A well-ventilated room, warm, but not unpleasantly so to the patient, the air comfortably moist, and perfect quiet, seem to me to be the chief requisites. With the object of maintaining rest, the patient should not get up to pass water, but the catheter should be used every six hours. One good effect of the opium is to keep the bowels quiet, but if there be much flatulence I do not think it is well to keep up the state of constipation too long. I have never seen any good done by O'Beirne's tube in relieving flatulence. A little soda in peppermint water, or chloric ether with aromatic confection, seems to give as much comfort as anything; but this flatulence is always a troublesome symptom for some days. The intestines seem to miss their accustomed support or pressure. The application of warmth and moisture to the abdomen, by means of a warm linseed-meal poultice, is particularly grateful to the patient, and I feel disposed to regard it as of considerable importance in the after-treatment. As to food, I have not been disposed to urge it until there was a decided appetite, but to leave beef-tea, arrow-root, with or without wine or brandy, rice-water, and barley-water, or a little tea and dry toast, with the nurse, to be given very much as the patient wished for them, and, after a few days, some solid food. The *fœtid* stump I have kept covered by a muslin bag of peat charcoal, changed once or twice a day, in order that the patient might not be nauseated by the *fœtid* odour which would otherwise proceed from it. I have not disturbed the wound until union was perfect; and if gilded pins or metallic sutures be used, they may be left with safety for many days; though I believe the best plan is to remove the pins on the third or fourth day, leaving the superficial sutures three or four days longer. So soon as the patient is able to get about pretty well, country air is the best restorative."

We have said enough of this contribution to surgery by Mr. Spencer Wells, to show that it evidences a mind capable of appreciating all the difficulties that beset the surgeon who wishes to deal with ovarian tumours by radical operations, but capable also of devising for the cunning hand the suitable means of conquering those difficulties. We cannot but urge upon the profession to take the whole question into their serious consideration; those who are disposed to investigate the subject and to perform the operation, cannot do better than take Mr. Spencer Wells for their guide, because his practice has amply justified his theory.