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## WHO WAS THE FIRST OVARIOTOMIST?

IN our issue of the 19th ult., we published the reply of Dr. HENRY MILLER, of Louisville, Ky., to an editorial article which appeared in our pages May 5th, entitled "Ovariotomy—Its Statistics and Rate of Mortality." We now tender our thanks to Dr. Miller for the courteous and kindly manner in which his letter is couched—and we would that all our correspondence were conceived in so gentlemanlike a spirit and communicated in equally scholarly terms and style. Such is not always the good fortune of any editors—we cannot expect to prove an exception.

The sole question remaining to be decided, so far as any discussion is now pending between Dr. Miller and ourselves, relates, as that gentleman very properly says, to the priority in performing the operation of Ovariotomy. Dr. Miller claims the priority for Dr. EPHRAIM McDOWELL, of Kentucky—we can hardly see any reason for denying it to L'AUMONIER, who has hitherto been accredited with the distinction.

It is not merely upon the fact of the French surgeon's having enjoyed the reputation of being the first ovariologist, however, that his claim can justly be founded. Many a man has occupied a similar position in respect to some reputed discovery or contrivance, who yet has been afterward proved not to have been the *originator* of the scheme. We think that Dr. Miller is right in bringing the question, as he does, to the test, by appealing to the essence of the operation—that is, *what constitutes Ovariotomy?* This is his position, if we rightly understand him. Now, Dr. Miller does not allow that the ablation of a diseased ovarian cyst is ovariotomy, unless the surgeon begins his operation *with the full knowledge of its existence within the abdomen, and with the intention of removing it.* We submit that this amount of knowledge cannot always be predicated of the most experienced operator, nor can such an intention always be carried out. The definition is an accurate one—so far as it goes—but it does not, in our view, cover the ground sufficiently. Is Dr. Miller prepared to say that, the abdomen being opened for another purpose, for which the surgeon thinks he has sufficient reason, and a diseased ovarian sac being found and removed, *ovariotomy has not been performed?* What shall we then term the ablation of the ovarian sac? Does it constitute a part of "opening an abscess in the ovary," a lesion which existed in L'Aumonier's case? Suppose that the French surgeon began his operation, as he doubtless did, for the purpose of "giving vent to the pent up matter," and granting that the removal of the diseased ovary was "incidental to the [intended] operation," is it not splitting hairs to say that ovariotomy was not done? Taking Dr. Lyman's version to be correct, we learn therefrom, that the adhesions between the Fallopian tube and the ovary were torn away, "and the latter removed." An incision four inches long was made into the abdomen, the abscess, previously diagnosticated, was tapped, and the diseased sac removed. Which is the more grave proceeding, and that which lends the greatest

weight to the whole procedure—tapping the abscess, or tearing away the adhesions between the tube and the ovary, and taking away the latter? If, as it seems to us, the last step be pronounced the most serious, then it is that *which gives character to the operation*, and the latter is far more properly defined by the term which truly describes that character, viz., *ovariotomy*. It is refining the matter too much to deny this appellation to the procedure, when the ablation of the ovarian sac is the very step which is the most essential element in the case. Had the ovary been the seat of an abscess only, L'Aumonier would not have felt himself called upon to perform the more serious operation for removing it—he would simply have tapped it. That he did more, shows that the higher operation was necessary; and, we repeat, that with whatever opinion or intention an operation is begun, if, when the parts are exposed, different indications are presented, they must be met, *and the operation properly takes its name from the feature which mainly characterizes it*.

We are entirely willing to concede to Dr. McDowell, of Kentucky, all the credit—and it is both unusual and large in amount—which legitimately redounds to him, in conceiving and carrying out, so successfully, his operation for ovariotomy, in 1809.

Not further to enlarge upon the point at issue, we have merely one word to say touching another matter connected with this important and interesting subject. Dr. Miller refers to the mortality-rate, given by Dr. Washington L. Atlee as  $26\frac{1}{2}$  per cent; but correctly estimated, as we conceive, by Dr. Lyman, at 40.13 per cent.; and he remarks that even at the more unfavorable estimate, surgeons ought not to be deterred from undertaking the operation. If Dr. Miller will look back, and read our remarks, offered upon this point in our first article (May 5th, 1859), he will find that we then enunciated precisely the same opinion. Thus, we said: "It is most conclusively shown that the rate [of mortality] is 40.13 per cent., a rate, which, while it abundantly sanctions the performance of the operation, is evidently far less favorable to it than the estimate of Atlee, and, following him, of Miller." And again, we state (*loc. cit.*), "We believe that where the existence of the patient is distinctly compromised by the presence of an ovarian tumor, the operation ought to be done. Quite as much is it demanded, under these circumstances—*although not so immediately*—as is tracheotomy in croup, when the patient's life is evidently at stake."

We have no wish to enter into controversy upon this question—the settlement of which, nevertheless, is very desirable. Those who are more competent than ourselves, may possibly decide it in a manner opposed to our own opinion. We have no party, or interested feeling in the matter—simply wishing justice to be done—and, renewing our acknowledgments to Dr. Miller for his courteous and able communication, we rest the question here for the present.

WE insert with pleasure the following note just received from Prof. Hamilton.

MESSRS. EDITORS,—Will you allow me to make use of your Journal to correct a few of the printer's mistakes which are contained in my paper on "Prognosis in cases of Fracture of the neck of the Femur within the Capsule," &c., published in the "Transactions of the New York State Medical Society," for the year 1859, and just issued from

the press? You are aware, perhaps, that these volumes are published by the State, and that in the hurry of business necessarily incident to a State-printer's office, no time is allowed for those residing out of the city of Albany to correct their proofs. The publishing Committee do all which it is perhaps possible for them to do, to avoid errors, but under the circumstances they seem to be inevitable.

I wish only to correct some of the most important errors, and especially such as relate to the names of surgeons to whom reference is made in the paper.

For "Malgaigne," wherever it occurs, read *Malgaigne*; for "Severn," read *Swan* ("Severn's case," pp. 34, 35); for "Haywood," read *Hayward*; for "I. C. Dalton," read *J. C. Dalton*; in a note at the bottom of p. 36, for "cervix femur," read *cervix femoris*; for "unfrequency," p. 48, read *infrequency*; for "looseness," near bottom of p. 56, read *soreness*; for "opposition," p. 57, read *apposition*.

Yours truly,

FRANK H. HAMILTON.

Buffalo, N. Y., June 1, 1859.

THE following unique description of symptoms and sensations is copied *verbatim et literatim* from the original document, which was lately received by a physician in this city. We have crossed the letter *t* when necessary, and dotted each undotted *i*.

"I have a noise and a blowing in my right ere and in my left there is a cracking and it beats as if there was some thing flying in it and when I ley down it is always worse I have apain in the oapen of my head and it comes down in to my left eye and brow and some times it is like the birds sining [singing] but that dont last long some times I cant sleep to itis [it is] nere day and a beating at my heart and the pasperation will poer of me as cold as watter and a creaping over all my face as if there was something on it."

This is a deeply interesting and affecting case—can any one tell us what is meant, in an adult subject, by the "oapen" of the head? It cannot be an anomalous example of open fontanelles, we conclude—it is at least an open question.

*New Species of the Genus Homo—A Man with four Eyes.*—Let not our readers be angry with us, if we raise their scientific expectations by means of what they may possibly pronounce "false pretensions."

An excellent Swedish servant-girl, living in a physician's family in this city, having answered the door-bell and ushered a visitor into the drawing-room, announced to her mistress that "a gentleman *with four eyes*" desired to see her. The lady was somewhat startled, at first, at the prospect of encountering such a new and fearful exhibition of ocular power, but reflecting that the maid-servant's knowledge of the English tongue was only nascent and needed the spirit of progress, soon ascertained, by dint of questioning, that the gentleman was not, after all, a new specimen—an anomaly—a monster—but that he simply *wore spectacles!*

*Berkshire Medical Institution.*—The course of lectures at the above institution will commence on the first Thursday in August, the fourth day of that month. The corps of lecturers is full, and its efficiency is well known. Students who choose to be industrious and faithful, cannot fail to acquire a competent knowledge of medicine and surgery at Pittsfield.

The preparatory or adjunct course proposed by the Faculty, must prove advantageous, if well followed out. The announcement of the Course of Lectures, with terms, &c. &c., will be found in our advertising columns.

*Fiske Fund Prize Questions.*—The Trustees of the Fiske Fund propose the following questions for premium essays, for the year 1860.

1. Diphtheria, its nature and treatment, with an account of the history of its prevalence in different countries.

2. The morbid effects of the retention in the blood of the elements of the urinary secretion.

For the best dissertation on either subject, they offer a premium of one hundred dollars.

Dissertations should be sent, free of expense, to S. A. Arnold, M.D., Secretary of the Trustees of the Fiske Fund, Providence, R. I., on or before May 1st, 1860. Each dissertation should bear some motto or device, and the same motto should also be written on the outside of a sealed packet, in the inside of which the writer's name and residence should be given in full. All such packets accompanying unsuccessful dissertations, will be destroyed unopened. The awards will be announced by the Trustees, at the annual meeting of the Rhode Island Medical Society, to be held at Newport, on the second Wednesday of July, 1860.

The premium of two hundred dollars, for the best dissertation on "The effects of the use of alcoholic liquors in tubercular disease, or in constitutions predisposed to such disease," has been awarded to John Bell, M.D., of New York.

*To Correspondents:—Important—Final Notice!*—We have several times intimated to our correspondents, that no communication can be published in the JOURNAL, unless the name of the writer be made known to us. Anonymous communications, however valuable they may be, we do not even read—and therefore we cannot know their worth, nor can our readers be edified by them. The preparation and despatching of such papers, therefore, is lost time and waste of writing materials. No correspondent need be afraid to send us his name—we will be discreet as mutes in regard to it, if such is the wish—and no one should be so much in a hurry, or so careless, as to forget to let us know to whom we are indebted. Last week, "Cato" could not be heard, because his real cognomen was witholden; and a few days since, "Rumford" placed himself in the same predicament. They cannot say *we did it* (Shakspeare)—for we have actually dilated upon the topic—but are far from being elated, in view of our failure, every now and then, legitimately to secure autographs. We are sincerely grateful for communications, and solicit a continuance of such favors—**BUT WE CAN PRINT NOTHING ANONYMOUS.**

We agree with the Editors of *The New York Medical Press*, that the following *exposé* which we take from its pages, under date of May 21, 1859, should be circulated by the medical journals, generally. We have great respect for Dr. Paine, both as a man and as a most industrious and valuable writer. Any perversion or garbling of his sentiments and opinions, we are glad to contribute our share in "showing up" to the profession.

A writer, somewhere out in Kansas, is quarrelling through the *St. Louis Medical Journal*, under the appropriate name of "Old Foggy," with Dr. Paine's essay on the Humoral Pathology, contained in the first volume of his *Medical and Physiological Commentaries*. But, finding his task rather a hard one, he is serving the author according to the habits of "border" writers in such cases, by misquoting and otherwise falsifying him, though so palpably as not to be mistaken. The following is an average example:

"But here is a case," says the writer, "that shows that food is not absorbed—'A boy, aged 15 years, took no food for three years.' The doctor does not say whether or not the boy remained of the same age all that time. It is probable, however, that he did. He quotes, also, the case of a woman who lived 'without the smallest particle of food for nine years'!!! nine years!"—Dr. Paine's comments are wholly suppressed.

Now, the following is the original:—"There are many cases of extreme abstinence mentioned in the *Philosophical Transactions* (London), for which an allowance must certainly be made. Thus, 'Dr. Blair states that a boy, aged 15 years, took no kind of food for three years.' In another case by Dr. McKenzie, a woman is said to have lived 'without the smallest particle of food for nine years.' We may safely conclude that the abstinence was very great. The case of Ann Moore is well known. Whatever imposition may have been practised, either in this, or in any of our examples, there can be no doubt that there was a degree of abstinence sufficient for our purposes."—*Med. and Physiolog. Comm.*, vol. i., p. 693. Other cases are quoted from the *Transactions*.

Here, as elsewhere, Dr. Paine scouts the idea of living long without food. But we are not attempting his defence, but the exposure of an *anguis in herba*; and we submit, whether it be not a matter of common fairness, and due to the common interests of journalism, that other periodicals should repeat this exposure.

*Commencement of the Medical Department of the University of Louisiana.*—The Annual Commencement of this institution took place at Lyceum Hall, on Saturday, March 19th, 1859. The Degree of Doctor of Medicine was conferred on ninety-seven of the candidates for professional honors. There was also one graduate in the department of Pharmacy. Dr. Hunt, Dean of the Faculty, delivered to the class an address. Dr. J. W. Saunders next followed in a valedictory oration.

It will no doubt be gratifying to the friends of the University to hear of its continued prosperity. The number of matriculates for the session of 1858 and 1859, was three hundred and thirty-three, being an increase of fifty-seven above that of the previous session.—*New Orleans Med. and Surg. Journal*.

*Invagination of the Scrotum for Varicocele.*—Mr. Cock, at Guy's Hospital, has recently tried a new plan of treatment for the relief of varicocele, which is deserving of notice. It consists in the invagination of a portion of the scrotum, in the manner adopted in Wutzer's operation. The patient on whom we saw this performed, is a young man, 23 years of age, the subject of varicose veins of the testicle for some time, and which have latterly caused him much pain and inconvenience. The invagination of the scrotum serves as a natural suspensory bandage, acting as a support to the part, and up to this time has been productive of much comfort and ease to the patient. The plug was withdrawn on the eleventh day, when adhesion of the opposed surfaces was complete. This plan of treatment, however, will not obliterate the veins, but it helps materially towards their attaining their natural condition. A small portion of the skin sloughed, through which the needle of the plug had emerged in the groin.—*London Lancet*.

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*Communications Received.*—Pure Air and Pure Food.—Trismus Nascentium.

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*Deaths in Boston* for the week ending Saturday noon, June 4th, 63. Males, 35.—Females, 28.—Accidents, 2—cancer (in the uterus), 1—consumption, 16—convulsions, 3—cholera infantum, 1—croup, 4—dysentery, 2—dropsy, 7—dropsy in the head, 2—drowned, 1—infantile diseases, 1—puerperal disease, 1—scarlet fever, 4—homicide, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 1—measles, 1—meningitis, 1—old age, 1—scrofula, 1—smallpox, 3—sore throat, 1—teething, 3—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 0—above 60 years, 6. Born in the United States, 43—Ireland, 18—other places, 2.