

Alley respects of the Author

NORMAL OVARIOTOMY.

A PAPER READ BEFORE THE

GEORGIA MEDICAL ASSOCIATION,

AT ITS TWENTY-FOURTH ANNUAL SESSION, HELD IN ATLANTA, GEORGIA,
APRIL 9TH, 10TH, 11TH AND 12TH, 1873.

BY

ROBERT BATTEY, M.D.,

ROME, GEORGIA.

REPRINTED FROM THE ATLANTA MEDICAL AND SURGICAL JOURNAL.

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NORMAN VALENTI

THE UNIVERSITY OF CHICAGO

The Committee to which this report was referred has
been instructed to report to the Board of Trustees
on the progress of the work done during the year
ended June 30, 1954. The report is being
presented to the Board of Trustees for their
information and guidance. It is hoped that
the Board will find it of interest and
value. The report is divided into two
parts, the first dealing with the work
done during the year and the second
dealing with the work planned for the
year 1955. The report is being
presented to the Board of Trustees
for their information and guidance.



THE Committee to whom Dr. Battey's paper was referred by the Georgia Medical Association, made the following report:

"The committee to whom was referred the interesting paper by Dr. Battey, on the subject of the "Removal of the Ovaries," for the causes therein set forth, have not, by reason of limited time afforded to them, been able to give this important subject the thorough and diffusive investigation and discussion to which it is justly entitled. They concur, however, in according to the idea, and its successful execution by its author, the merits of originality, skill and utility. Whether it can be accepted as widely applicable to the relief of suffering from these causes, must yet be confided to the cautious and judicious observation and experiment of the skillful practitioner; and they would commend the subject to the critical interest of the profession, and especially to its brilliant author, for additional experiment, and solicit reports from members of this Association on the subject at their next annual meeting.

W. F. WESTMORELAND,
C. B. NOTTINGHAM,
J. F. BOZEMAN."

ERRATA.

- Page 8, 17th line,—for “verified” read *vivified*.
Page 12, 14th line,—for “Miss K. N.” read *Miss K. V.*
Same page, 25th line,—for “1867” read 1857.
Page 20, 2d line from bottom,—for “appropriate” read *approximative*.
Page 24, first foot-note should read *Ovarian Tumors*, p. 160.
Page 26, 13th and 14th lines,—for “destruction” read *destructive*.
Same page, 11th line from bottom,—for “with” read *into*.
Page 27, 13th line from bottom,—for “beard-like” read *bead-like*.
Page 31, 15th line.—for “corona” read *cornua*.
Same page, 3d line from bottom,—for “curuncular myrtiformes” read *curuncule myrtiformes*.
Same page, 7th line from bottom,—for “mous veneries” read *mons veneris*.
Page 32, 13th line,—for “corona” read *cornua*.
Page 38, 3d and 4th lines,—for “conscientiousness” read *consciousness*.
Page 40, 12th line,—for “it” read *a stone in the bladder*.
Same page, 18th line,—for “immovable” read *irremovable*.
Same page, 14th line from bottom,—for “miraculously” read *marvelously*.
Page 42, 22d line,—for “me” read *no*.

NORMAL OVARIOTOMY.

Since our last convocation, in the city of Columbus, I have felt it to be my duty to enter the domain of surgery, and carve out for myself a new pathway through consecrated ground, upon which the foot of man has not dared wittingly to tread. I doubt not it is known to you all that I have invaded the hidden recesses of the female organism and snatched from its appointed seat a glandular body, whose mysterious and wonderful functions are of the highest interest to the human race,—nay, an organ endowed with functions, the integrity of which determines the very existence of the race itself. For having done this, I trust I shall not be *assassinated*, neither in my carriage at home, nor in this hall, nor yet upon the streets of your orderly city. Those of you, my brethren, who know me personally, I hope will scarcely need the assurance that I have not taken this step forward without mature and deliberate thought. Whatever may be your opinions of the wisdom of my course, I trust you will see in it evidences of a heart not devoid of human sympathy—of a mind not shirking professional labor—of a hand not fearing to lift itself when duty calls.

However pure may have been the motives actuating me,—however cogent may have appeared, to my own mind, the reasons which have impelled me,—I must of necessity stand before the bar of the medical world, and submit myself to its just judgment. It becomes me, too, to appear before you, my brethren and my peers, to answer for myself.

And *first*, for the facts. These have already been spread before the profession through the pages of the ATLANTA MEDICAL AND SURGICAL JOURNAL, which has an extended circulation among the members of this body, as well as in the profession generally of this and the surrounding States. These facts have likewise been published in pamphlet form, and widely distributed to the medical press and medical men, both in this country and in Europe.

This statement of facts has probably been read by the great majority of the members present, and I will gladly save you the infliction of a rehearsal of the pamphlet, which I now present you as the basis of the remarks I have to make.

Allow me here to correct an error which has inadvertently crept into my report, in stating the *age* of my patient, Miss Julia. She was twenty-three years old when she first came under my professional charge, and was *thirty* at the time of the operation.

In continuation of the history of my case from the publication of the pamphlet down to the present, we shall not consume much time.

HISTORY CONTINUED.

Thirty-fourth Day.—She feels fullness about the head and pain in the back, which reminded her of the premonition of one of her old attacks. She was put under the influence of bromide potassium, and the nervous symptoms soon passed off.

Forty-second Day.—Complains again of pain in the left iliac fossa, and had *metrostaxis*.

Forty-third Day.—Pain relieved by blister; *metrostaxis* continues.

Forty-fourth Day.—Uterine flow has ceased.

January 1, 1873.—She has had a uterine flow for four days, without headache or any material nervous disturbance. This is the third attack of *metrostaxis* since the operation.

January 24.—Complains a little of soreness and pain in the left iliac region.

February 1.—*Metrostaxis* for one day.

February 5.—Complained a little on yesterday and to-day of headache and pain in the back; ordered a purgative and bromide, which soon relieved the symptoms.

February 7.—Nervous symptoms are all gone. She is fattening up decidedly, and rapidly gaining strength. *She is ten pounds heavier than ever before in her life.* She has several times walked a mile, spent the day visiting, and walked home again in the afternoon. She appears bright and cheerful and happy, and says her nervous attacks are trivial in comparison to those suffered previous to the operation. She has passed the winter without cough or any chest symptoms, and without rheumatism, except some trivial aching in the wrist and elbow.

February 15.—Attacked with bilious dysentery, ushered in by rigor and fever, and attended with a very free metrostaxis—freer than she has ever experienced before. The metrostaxis continued for sixty hours, and the dysentery for several days.

March 22.—She is visiting her friends from house to house, attends her church regularly upon the Sabbath, and shops upon the street. She walks a mile with ease.

As far as I am able to discover, *she has lost nothing of value whatever in consequence of the operation*; and the patient herself, who was duly informed, prior to the operation, of *all its possible consequences*, assures me that in no respect does she find herself different from her former self, excepting in the absence of her previous sufferings, and the wonderful improvement in her health and spirits.

April 7.—Condition the same.

Having removed by incision the ovaries of my patient, I very naturally felt that I had done an *ovariotomy*; but when I attempted a comparison with the recognized operation of our friends, the ovariectomists, I found at once striking differences, both in the thing done and the purpose of its execution. It seemed to me well, under the circumstances, to recognize at once these differences, by adopting a new and distinguishing appellation. Reflecting a little upon the matter, it appeared to me that it was *I* who had really and truly done an ovariectomy, rather than Dr. Ephraim McDowell, as I understand the *rule*, or law, or principle, which governs medical nomenclature in such cases. My proceeding, therefore, seemed to me to be an ovariectomy, *according to an established law, rule, or principle*. By this custom, law, rule, or principle, I felt that my operation was *regular* ovariectomy, and McDowell's *irregular*. As my proceeding removed the organ prior to its degeneracy by disease, it seemed to me an ovariectomy which *related to rudiments or elements*. And moreover, if it be possible to say that an operation of such nature is in any sense *square*, then mine is the *square* ovariectomy. But all this was a little too complex. I desired, if possible, to express my thought on the point in a single word, and, referring the matter to Webster, I readily selected the word *normal* as expressing the qualifications:—first, “according to a square or rule;” second, “regular,—according to an established law, rule, or principle;” and third, “relating to rudiments or elements.”

Of course, I could not conceive that an operation for the removal of the normal ovaries could in any sense be a *natural* ovariectomy.

In considering the propriety of the operation of normal ovariectomy in the case recited, it will be pertinent to inquire:

1. Was there rational ground for the belief that the change of life would cure my patient of her sore malady?

2. Was there rational ground for the belief that removal of the ovaries would bring about the change of life?

3. Was it justifiable to effect a cure at the sacrifice of her ovaries?

To the first of these questions, as it seems to me, there can be but one answer. My patient was suffering with the perturbing influences of an unrelieved menstrual molimen. The change of life is understood to include both the cessation of the menses and the cessation of the menstrual impulse. The removal of the menstrual molimen—the exciting cause of the perturbation—would logically remove the effect with the cause. Upon this point allow me to quote a single authority. Dr. Tilt says:

“With respect, however, to women who had been suffering for many years from intractable chronic affections that had baffled our best efforts to bring about recovery, the results of cessation are in general eminently satisfactory. We are, most of us, in the habit of telling our patients that they will be certainly cured by the change of life; and although this promise is often given to keep up the patient’s hope, rather than as the result of a well-grounded prognosis, still it is surprising how frequently the prophecy proves true. This remark particularly applies to *ovarian congestion* and subacute inflammation, and to most *chronic diseases of the womb*.

“I have notes of some forty patients, who were for many years before the menopause confined to the bed or the sofa by chronic uterine inflammation, who made marvelous recoveries very soon after the change was effected, and who are once more actively engaged in those pleasures and duties of society from which they had been divorced for ten or fifteen years. Out of many similar cases, in which recovery was not thus rapid and perfect, I can not call to my recollection a single instance in which great improvement was not obtained. I have also ascertained from twenty-six women, who had ceased to menstruate,

that they were no longer troubled by habitual leucorrhœa, and doubtless many suffer for years from unrecognized uterine affections, which are at least completely cured by the change of life. Prolapsus of the womb was cured in three cases; thirty-five women no longer suffered from uterine deviations, though they still existed; in four cases, varicose veins had gone down; in twenty-four, piles had disappeared; and in eight other cases, they had ceased to bleed. Fifty-three women spoke of the great additional strength obtained, and of the abatement of their liability to dyspepsia. *Ganglionic affections* then often lose their gravity, and become less frequent; and the same remark applies to almost all *cerebro-spinal* affections, even to the most formidable—for Esquirol has seen many women remain maniacal so long as menstruation lasted, who immediately and spontaneously recovered after the menopause.*

Who is there among you, my brethren, who, having had some years of observation, can not recall few or more cases to corroborate these observations of Dr. Tilt?

If the ovular theory of menstruation is to be accepted as an ultimate fact, the answer to my second question becomes as easy and as logical as the first. If the menstrual nisus be simply the result of ovulation, then the cessation of ovulation, the cause, necessitates the cessation of the effect of that cause, whether this cessation occur by reason of atrophy of the ovaries by age or their removal by the knife. It seems to me, therefore, that the question to be considered is, *Are there reasonable grounds for the acceptance of the ovular theory of menstruation?*

I do not propose to undertake the discussion of this theory. I will not consume your time and weary your patience with the unnecessary details, but shall content myself by citing such authoritative opinions as are to be found upon my own shelves, and which, I shall contend, fully warrant me in accepting the theory as an ultimate fact so far as my duties to my patient are concerned.

Upon the subject of menstruation, Dr. Charles West uses the following language:

"The ovaries are the grand organs of sexual activity in the female; and during the whole time that sexual life continues, they are employed in bringing ova to maturity, and then in ex-

* Change of Life. Philadelphia, 1871. p. 20.

truding them at certain periods when they have attained a state of fitness for further development, if subjected to the fecundating influence of the semen. Accompanying this internal process, *the consequence* and the evidence of the local congestion which attends it, we observe a periodical discharge of blood, constituting menstruation.”*

Dr. Meigs says :

“I adopt the notion that the act of menstruation, rigorously construed, consists in the periodical maturation and deposit of an ovulum—of which act the flowing of the menstrual blood is but the outward and visible sign.”†

Montgomery says :

“In fact, it appears that each menstrual nismus may be regarded as an abortive effort at reproduction, and the elimination of the discharge itself, simply as the necessary disposal of a certain amount of blood, which, had conception taken place, would have been devoted to the support and maturation of the verified ovum; or, to use the words of Dr. Power, ‘a woman menstruates because she does not conceive;’ and it has been happily said, by Dr. Tyler Smith, that menstruation may be considered as the first act of human parturition; it is, as it were, the parturition of the ovule, while labor is the parturition of the matured ovum.”‡

Tyler Smith says “the *cause* of menstruation must be referred to the ovaria. We may look, then, to the ovaria for the exciting cause of menstruation, and this function is evidently subsidiary to that of ovulation.”§

Dr. Meigs says :

“Menstruation, therefore, strictly interpreted, is ovulation, and the sanguineous discharge, that is vulgarly considered as the principal point, is far less principal than the ovarian ovulation—of which, indeed, it is only the outward mark or symptom. The true doctrine was that of a local plethora, or, in other words, a state of periodical hyperæmia of the reproductive organs; and now that doctrine is not only established, but is made plain to the understanding—for the periodical paroxysm

* Lectures on the Diseases of Women. Philadelphia, 1857. p. 20.

† Woman and Her Diseases. Philadelphia, 1854. p. 419.

‡ Signs and Symptoms of Pregnancy. Philadelphia, 1857. p. 387.

§ Lectures on Obstetrics. New York, 1858.

of stromatic force, that hurriedly concludes the ripening of the most perfect ova, establishes the affluxion that fills the capillaries of the reproductive organs, and engorges them, or renders them hyperæmic to the point of causing the monthly hemorrhage by which the hyperæmia is removed, leaving behind it no trace of indisposition.

"When Percival Pott, the illustrious surgeon, removed the ovaria of his patient, under an operation for hernia, he took away with them the power of menstruation. There are numerous examples of females who did never menstruate, owing to the absence of the ovaries.

"Patients suffering with chronic diseases, attended with protracted amenorrhœa, exhibit, in the ovarian stroma, no vestiges of the Graafian vesicles. I lately examined the ovaria of a girl who died after some eighteen months of severe chronic ailments, during which she did not menstruate. Those ailments had no primary connection at all with any state of the reproductive organs; yet, upon carefully examining the ovarian stroma of both the ovaries, it was found to be a compact, whitish tissue, very similar to that which we observe in women long past the change of life. No trace of the ovarian vesicle existed in either of them. It is generally so."*

Seanzoni says:

"Under the name of menstruation, we commonly understand a series of phenomena manifested in the female organism, and having for its first cause the periodic ovulation, which takes place in a Graafian vesicle."†

Bedford says:

"What, pray, are these organs? They are the *ovaries*—the essential and only organs of generation, strictly so-called, in the female. The development of the ovaries occurs at the period of puberty, and then it is that their physiological action commences. At this time you will observe, on the surface of these bodies, the Graafian vesicle—this latter containing the ovule, which, I have told you, escapes ordinarily with the menstrual blood. As these ovules on the surface become matured, the ovary itself forms the center of a sanguineous afflux, a veritable

* *Obstetrics: The Science and the Art.* Philadelphia. pp. 146, 152, 156, 167.

† *The Diseases of the Sexual Organs of Women.* New York. Fourth American Edition. p. 314.

congestion, in which the fallopian tubes and uterus participate. This congestion results in the escape of mucus and of blood, which pass from the uterus through the os tincæ into the vagina, and thence externally; and this is menstruation."*

Bennett says:

"The researches to which I refer prove, in the *most satisfactory and conclusive manner*, that menstruation is intimately connected with the evolution from the ovary of matured ova, which takes place periodically in the virgin as well as in the married female. In the human female the maturation and evolution of ova occur at frequent intervals, and are remarked by the exudation from the uterine cavity of a greater or less quantity of blood."†

Tilt says:

"Nevertheless, as we positively know that the ovaries *rule supreme* over menstruation, and that they cause many diseases of women during the period of woman's greatest reproductive energy, it is fair to suppose that they aggravate and delay the cure of the most common uterine diseases, when ovarian irritation is no longer relieved by an habitual menstrual flow."‡

Our own Sims says:

"It must be admitted, however, that menstruation is a sign of ovulation, the one taking place when the other begins, and ceasing when it stops."§

Thomas says:

"That the discharge of blood, which occurring at monthly periods constitutes menstruation, is a true hemorrhage dependent upon the process of ovulation, is now regarded as a settled fact by most progressive physiologists. In accordance with a law of nature, which we recognize in its effects, but can not explain, once in every twenty-eight days, one or more ovules in each ovary burst their envelopes, and, entering the fallopian tubes, pass downward to the uterus. This eruption of ovules produces in the ovaries congestion and nervous exaltation, which continue until the process is completed."||

Byford says:

* Diseases of Women and Children. New York, 1856. p. 233.

† Bennett on the Uterus. Philadelphia, 1860. p. 51.

‡ Change of Life. Philadelphia, 1871. p. 273.

§ Clinical Notes on Uterine Surgery. New York, 1866. p. 40.

|| Diseases of Women. Philadelphia, 1869. p. 493.

"Several conditions are necessary to the healthy performance of menstruation,—

"1. The ovaria must be present, and sufficiently healthy to produce ova.

"2. The uterus must be sufficiently perfect, anatomically and physiologically, to be the medium of this elimination.

"3. A certain, but not as yet very well-defined, state of the blood and nervous system.

"I do not think that these are all the conditions necessary to perfect menstruation; *they are the obvious and undoubted ones.* The physiological chain of circumstances that give rise to menstruation may be given thus: The organs concerned being fully developed, the blood and nervous system matured to a certain degree, an ovum is produced, and during the time it is being matured and cast off from the ovary, all the organs of generation are intensely congested by the increased energy of the capillary circulation; the congestion and stress of blood upon the delicate capillaries of the mucous membrane of the uterus become so great that the walls of some of these vessels are ruptured, and an effusion of blood takes place in the cavity of the uterus, which, finding its way out of the vagina, is called menstruation. *If ovulation does not take place, the congestion does not occur, and in the absence of the congestion, there is no effusion.*"*

Need I say more on this point? Was there rational ground for the belief that removal of the ovaries would bring about the change of life? Judge ye.

I can not, however, leave this branch of the subject without calling your attention to certain facts and observations which might seem to you to somewhat obscure the clear and convincing evidences of ovular menstruation, and I shall endeavor to satisfy you, if I may be able to do so, that it is an obscurity only in seeming, not in reality.

I quote, briefly, from Dr. Atlee's recent work upon "Ovarian Tumors," at page 35 and onward:

"CASE IV.— * * * April 17th, 1854, I operated on Mrs. J. C., of Baltimore, * * * removing both ovaries. She was thirty-five years old; had first menstruated at the age of twelve years, was married at the age of eighteen, and had six children, the youngest being four years old. * * * She nursed all

* Medical and Surgical Treatment of Women. Philadelphia, 1867. p. 67.

her children, and while nursing she menstruated regularly, commencing at the expiration of five months after parturition. She continued to be very regular after the birth of her last child, up to the period of the operation. * * * After the operation, the same evening, the menses appeared, and continued the usual number of days. For several years Mrs. C. wrote to me on every anniversary of the day of the operation, always assuring me that menstruation was perfectly regular. Being on a visit to Baltimore, in December, 1866, I saw her, and she informed me that she had menstruated as regularly as ever up to May, 1864, when the menses ceased for one year, and again returned in May, 1865, for the last time."

"CASE V.— * * * April 25th, 1855, I removed both ovaries from Miss K. N., of Baltimore. * * * She was nineteen years old; she first menstruated before her thirteenth year of age, and was regular afterward. * * * Six months after the operation I saw the patient in Baltimore, where she had just issued her wedding cards. She had no *red menstruation* since the operation, but she experienced the usual sensations in her head and back at regular monthly intervals, accompanied with *white discharge* at those times. She married, made a visit to Europe, and after her return I learned through her mother that the monthly discharge continued, and that the sexual feelings were normal."

"CASE VI.— * * * October 16th, 1867, I extirpated the left ovary of Mrs. J. C. * * * She was twenty-seven years old; had been married four years, but had not conceived. After slight irregularity in menstruation, she had first noticed the tumor in May, 1857. * * * The right ovary was examined and pronounced healthy.

"July 8th, 1861, Mrs. C. called to see me, having an ovarian tumor in the right side, which had existed for about six weeks, and was rapidly enlarging. Menstruation was regular. October 16th, 1864, she called again, and reported herself perfectly regular ever since. November 11th, 1864, I removed the right ovary. * * * The left side of the uterus was examined at the time, and found to be perfectly truncated, being short of every kind of appendage."

Her physician writes Dr. Atlee on December 8th, 1870:

"She informed me that from the time of the first operation

up to the second, she menstruated regularly; since the last operation she has been regular, and is to-day. *In fact, she is at this time menstruating.* When I say regular, I mean, of course, *that in its fullest sense; she is regular as to time, quantity, quality, etc., and free from any abnormal symptoms.*"

"CASE VII.—Both ovaries removed,—one in 1846, by Dr. Charles Clay, of Manchester, England, the other by myself, in 1861; menstruation always regular: * * * During the whole of the above period, notwithstanding one ovary had been extirpated, and the other ovary was extensively diseased, menstruation not only returned regularly, but conception took place, gestation was matured in spite of repeated tappings, and a living, healthy child born! And yet more, menstruation continued to recur regularly afterward, as she writes from Wisconsin, October 24th, 1863: '*Courses all right every month!*'"

On the 23d September, 1865, Dr. H. R. Storer, of Boston, operated upon Sarah A. Colcord, of Malden, unmarried, aged forty-seven, and removed the *uterus as well as both ovaries.* Dr. Storer says:

"I now (November 9th) made the first vaginal examination since the operation, and found the cervix reduced to a mere nodule, button-shaped, and much smaller than I expected to find. From the date of the operation until October 11th, eighteen days subsequently, and twenty-six days after the last appearance of the catamenia, there was no discharge whatever from the vagina. There now occurred a sanguineous effusion, attended by feelings of lassitude, backache, etc., lasting thirty hours, and being an evident attempt at the reestablishment of menstruation,—a very curious circumstance, and of great physiological interest, when it is recollected that the uterus and both ovaries had been removed. The ensuing period has been passed without its recurrence."*

From Peaslee's new work on "Ovarion Tumors," page 527, I quote another case of Dr. H. R. Storer's:

Mrs. Durham, aged forty-three years, the mother of six children. Menstruation had been regular down to within two months, and was now suppressed, as was supposed, by pregnancy. The symptoms became urgent, and November 20, 1867,

* American Journal of Medical Science, January, 1866. p. 119.

both ovaries were removed. In the present instance, the menses had been absent for two months, and yet reappeared subsequently to the operation, although the ovaries had both been removed, and the major part of the fallopian tubes also."

In the *American Journal of Medical Science*, for January, 1868, page 81, Dr. Storer says :

"I removed both ovaries, a year since, from a patient in Brookline, Mrs. Mathews. In this case I deviated from the usual method of dealing with the pedicle, in that I did not divide the pedicle, as is usually done, but carefully dissected away the fallopian tubes, throughout their whole length, from the surrounding masses, preserving them intact, and then closed the peritoneal wounds along their entire course by metallic wires. * * * The ovaries were entirely removed, and yet the patient has had during the supervening period, quite regularly, a sanguineous discharge, without evidence of uterine disease, and which hæmostatics, generally and locally applied, have failed to check or prevent."

Dr. Peaslee cites from his own practice and others, twelve or thirteen other cases, in most of which the sanguineous discharge occurred but once or twice, and goes on to remark : "Unquestionably, therefore, a sanguineous flow occurs *per vaginam*, in exceptional cases, after double ovariectomy; this obtaining only once or several times, at regular or irregular intervals, and very soon or a considerable length of time after the operation. But can such a flow be appropriately termed menstruation?"

"If, for the moment, we set aside all the generally received ideas of menstruation as depending on ovulation, I suppose no one would accept as menstruation the flow which occurs but once, and in the first week after the operation, or indeed at any point of time thereafter. Such a hemorrhage is a mere uterine epistaxis, or metrostaxis, as Mr. Wells has appropriately named it, and may arise from the body of the uterus alone, or the cervical canal, or both, at the same time.

"Thus we have in literature six cases of apparent menstruation after double ovariectomy. Was it really such?"

"If we define menstruation to be the sanguineous flow which is produced by ovulation, or which merely accompanies the ovulation, of course the term is here inapplicable, since, in the absence of the ovaries, ovulation is impossible. But there is

no proof, nor any probability, that ovulation produces true menstruation. Certainly, ovulation and even parturition occurs in some women who have never menstruated. Menstruation is, therefore, an accidental and an incidental, rather than an essential function, and it has no analogue in most of the lower animals. In itself considered, it is merely a flow of blood at stated periods from the interior of the uterus, irrespective of its connections or causation. But, in its scientific acceptation, it has always been restricted to the flow from the cavity of the uterus and the fallopian tubes, which returns once a month to a healthy, non-pregnant woman of the child-bearing age. More recently, it has been found also that ovulation occurs especially, but not exclusively, at the same time; and physiologists are, therefore, obliged to associate this idea also with menstruation, as the before-mentioned characteristics always have been, and we must have some term to express precisely these ideas, and no more nor less. We must, therefore, cease to use the term in this sense, and substitute another, or retain it in this sense alone. In other words, if an exceptional uterine flow, in circumstances such that ovulation is impossible, be called menstruation, the same term must not be applied to the flow which physiologically accompanies ovulation. No one, I suppose, proposes to relinquish the term in the latter circumstances; it must, therefore, not be applied in the former, but a new term must be used, and *metrostaxis* is unobjectionable. *Metrostaxis* may occur at any time, and does occur under very diverse circumstances, from any part of the uterine cavity, or the cervical canal, in a congested state of the internal vessels of the non-pregnant uterus; and may occur from the cervical canal alone even during pregnancy, or after the removal of the ovaries and all of the uterus except the cervix, as in Koeberle's case.* The flow may also, though very rarely, become quite regular, as we have just seen in cases in which both ovaries have been removed. *But all this is mere metastaxis, and not menstruation*, and can not be cited to disprove any theory of the causation of true menstruation; and no such theory, therefore, need here be discussed.

"Thus double ovariectomy, as a rule, is not followed by any

* And even after removal of ovaries and uterus, except a small segment of the cervix, as in the case before cited, of Sarah A. Colcord.

loss of the special characteristics of woman,—the only decided physiological change being a *final cessation of menstruation, as well as of ovulation.*"

Dr. Atlee reasons this point as follows :

"Even when both ovaries are diseased, the menses may appear without any apparent derangement; and this may be accounted for on the supposition, that in the diseased ovary there may still exist Graafian vesicles in a normal condition. The removal of one ovary does not necessarily prevent ovulation nor impregnation,—provided the remaining ovary, though diseased, contains Graafian vesicles in a healthy condition. And what is more remarkable, as a physiological fact, the removal of both ovaria is sometimes followed by a *regular red discharge*, even for years, and until it is arrested at the usual climacteric period. Perhaps this may be the result of a habit, or habitual molimen, just as a eunuch, whose testicles have not been removed until puberty has been established, may have both erection and the ejaculation of a fluid."

In the *New York Journal of Medicine*, for 1844, is to be found "a remarkable case in the practice of Dr. LeConte, of Georgia, in which a negress *seventy years of age*, in whom the menses had been absent more than twenty years, was treated by thunder and lightning from the Almighty's battery, one charge from which brought on the menstrual flow, which continued regularly for the two succeeding years."*

In the *London Lancet* (reprint) of 1861, page 190, is reported the case of a widow lady, aged *seventy-four*: "She has had for the last six months a periodical hemorrhage from the uterus, returning every three weeks or so, the discharge exactly resembling, she says, what it was when she was young. She complains of nothing but gradually increasing weakness. Has long-standing heart disease."

In the same connection, Dr. O. N. Royle, F.R.C.S., reports three other analogous cases: "One in private practice, who during the last year of her life was the subject of a regular periodical discharge, resembling in appearance the catamenial secretion of her youth. She died a few months since, in her *sixty-seventh year*, of anasarca, the result of long-continued dis-

* Journal Gynæcological Society, September, 1872. p. 238.

ease of the heart and liver. The two other patients were union cases. One died last year in the infirmary here, to which I am surgeon, at the good old age of *ninety-three*, in a perfect state of health up to the day of her death, with this exception (the catamenia), save an obscure fluctuation which she occasionally complained of in the abdomen, at the bifurcation of the aorta, a few months previous. The third party is still living, and in her *sixty-seventh year*. For the last fifteen months she had ascites, and during that period I have had occasion to tap her six times. Since the first tapping, however, she has never experienced any return of her monthly sickness, which regularly occurred three months previously."

Bear with me while I cite from my own practice another case which, I can not but think, has an important bearing upon this question.

Some years ago I was summoned to visit Mrs. S., a lady of sixty years. As she entered her parlor, and extended the hand to me in her usual cordial manner, she remarked:

"Doctor, I know that you will think me an old fool to send for you! But I must tell you. I am not sick; I never enjoyed better health in my life. I have neither pain nor ache anywhere; I have good appetite, good digestion, and sleep well; I never was stronger; I run up and down stairs all day long, and attend regularly to my own household affairs. I changed life at forty-five; had some little trouble, but not very much, and have had good health ever since. But of late I have become *regular* again just like I was when a girl. I feared it might not be quite right, and thought I would like to talk with you about it."

"I think you did well, Madam, to send for me. Tell me, how long has this been?"

"Nearly a year, Doctor."

"How often do you come so?"

"I am perfectly regular, Doctor, like I used to be."

"And how long does it last, and how about the quantity?"

"Why, four or five days, Doctor; and just like it used to be."

"Does it weaken you at all?"

"No,—not a bit."

"Is the discharge offensive?"

"Not at all."

"You perceive nothing wrong about you at all, excepting this return of the menses?"

"No,—nothing."

"Well, Madam, I shall not laugh at you for calling me. I think you were right in asking advice; but I do not think it quite right for you to resume your youthful functions again in this way. I fear something is wrong, and I must see, I must know, what it is."

"Very well, Doctor, as you think best."

A careful exploration of this case revealed a hard, somewhat nodular uterus, firmly tied down to the neighboring organs, but with no breach of continuity in its mucous surfaces that I could detect. There was no ulcer; there was no fungus, no polypus, no fibroid. In less than a year her family followed her to the church-yard—because of *carcinoma uteri*.

Upon the question of menstruation: After listening to her recital in the parlor, as I have described it, how easily could I have written down the case in the precise language of Dr. Atlee's correspondent:

"In fact, she is at this time menstruating. When I say regular, I mean, of course, that in its fullest sense; she is regular as to time, quantity and quality, etc., and free from any abnormal symptoms."

Is this menstruation? Shall a woman of seventy, of eighty, mayhap of ninety-three years, having long passed the menopause, go through a sort of *senile puberty*, and take a new lease of menstrual life? If we should hold firmly the doctrine that the initiatory impulse of the menses proceeds from the ovaries, does it necessarily follow that the outward sign of this function must cease at once upon the withdrawal of its moving cause? Is it matter of great surprise that, in exceptional cases, the *sign* should recur once, twice, or even many times?

What is the teaching of nature on this point? How is it at the climacteric? Do we not all know that a more or less prolonged interval usually occurs between the commencing irregularity and the final cessation—called by Tilt the "dodging time"? Indeed, does not nature generally abhor any sudden and violent change in her economy?

May we not draw a lesson, too, from mechanics? What of a body moving responsively to a propelling force? If the force

be suddenly withdrawn, do we expect the moving body to come instantly to a state of rest? Do we not know that it continues its motion for a time, in spite of the counter forces of friction and atmospheric resistance, by reason of the acquired momentum? And is there no analogue to momentum in the forces which move the nervous mass in man? If we suddenly decapitate an animal, do we expect to see the evidences of animal life instantly and wholly to disappear? Does anybody doubt for a moment that, in the higher order of animals, the great encephalic organs preside absolutely over the phenomena of life? Does anybody doubt that the decapitated animal is virtually dead?

How is it with traumatic epilepsy from depressed portion of skull? Suppose a length of time has elapsed, and the convulsive habit has been fully established. We now apply the trephine and remove the offending cause; are we greatly surprised if the effect (i. e., the epilepsy) should fail to disappear at once?

How about eclampsia? Do we not all know how much easier it is to control the first paroxysm than the second, and the second than the third? Is there not something like *momentum* in this? Does not hysteria, too, acquire increasing momentum under the influence of the same continued cause?

Take the case before us. We have seen that while this patient had formerly no menstrual flow from the uterus, speedily after the removal of the ovaries, a flow appears; and this, too, recurs several times subsequently, at irregular intervals—sometimes with abnormal nervous manifestations, sometimes without them. Is this menstruation? Shall we say that the presence of the ovaries *caused* the amenorrhœa, and their removal *cured* it, and *established true menstruation*? May not the moving force of ovulation, continued through ten, fifteen, or even twenty years, communicate to the nervous mass a *momentum* which shall continue to manifest itself, in exceptional cases, long after the ovaric force is withdrawn?

What say you then, my brethren? Will the removal of the ovaries determine the change of life?

I must crave your indulgence for having detained you so long upon this branch of the subject. I have purposely abstained from entering into the details of the physiology of menstruation, which could but weary your patience. I have refrained

from the production of the very numerous authorities outside my own meagre library, and yet I have greatly desired that your convictions should be wholly unclouded upon this point.

If I have not effected *the change of life* by my interposition, then I have done nothing—worse than nothing—and it is in vain that I stand before you to-day. I am persuaded in my own mind that there is not one of you, my brethren, who will be disposed to take issue with me here, and I proceed, therefore, to consider the final question :

Was it justifiable to effect a cure at the sacrifice of the ovaries?

In the absence of any accumulated array of facts, it has been generally believed that the removal of the ovaries involved (a) danger to life; (b) loss of procreative power; (c) loss of the aphrodisiacal sense; (d) loss of menstrual molimen; (e) loss of the outward feminine graces—including mammary atrophy, change of voice, growth of beard, etc.

The fact that no surgical operation (however trivial in its nature), involving the use of the knife, is without danger to life, can not be too deeply impressed upon our minds. I shall not contend for a moment that the operation in question is free of danger; but I shall endeavor to satisfy you, by authorities, and by the results of observation and analogy, that the danger is not out of proportion to the severity of the malady, upon the one hand, nor the magnitude of the results upon the other.

The danger to life is of a three-fold character: *First*, that attending the simple incision, which is common to all operations, and which is trivial in importance, and therefore need not detain us here; *secondly*, the dangers attendant upon the opening of the peritoneal cavity; and *thirdly*, those consequent upon the removal of the ovaries.

The opening of the peritoneal cavity is certainly no new proceeding. There are very many instances already upon record where this has been done for various purposes, to say nothing of the long array of cases of operations for hernia and the modern ovariectomies. But to form a fair estimate of its dangers, we must divest the simple operation itself of all the complicating procedures of which it has been only the prelude. This, happily, we may do, in an appropriate way, by drawing our inferences from the exploratory incision for diagnosis in ovarian tumor.

After drawing a proper distinction between this procedure and an unfinished attempt at ovariectomy, in which more or less violence has been done to the abdominal contents, Dr. Peaslee remarks :

“Still less dangerous, however, is the making a short incision * * * for the express purpose of introducing the finger, or the steel sound, to ascertain the character of the tumor and the presence or absence of adhesions,—provided, always, that the patient’s general health is not too much depressed. Of Dr. W. L. Atlee’s two hundred and twenty-two collected cases, twenty-five were cases in which explorative incisions merely were made, and *all these recovered*. Dr. F. Bird stated, before the Medico-Chirurgical Society, November 12th, 1850, that he had made such incisions in between forty and fifty cases without any injurious consequences ensuing.”*

I may remark, in passing, that I have had but one such case in my practice, in which I passed my fingers freely about in the cavity and down into the pelvis for the purposes of diagnosis. I had no reason, at any time, to regard the life of my patient in a particle of immediate danger.

While, as far as I am informed, there is no controversy upon the point of originality in the operation of normal ovariectomy, as I have defined it, there are a number of instances of more or less authenticity upon record in which the healthy ovaries have been successfully extirpated, or are supposed to have been removed. These cases, however, with exception of the one already cited from Percival Pott, are too vague and apocryphal to be here considered. They may be found in Dr. Peaslee’s work, at page 226.

Allusion is also made in *Appleton’s Journal*, of September 21, 1872, to the same operation, practiced among the Skopts, a religious sect in Roumania, as a religious rite, as circumcision is among the Jews. It appears that a fatal case had aroused the authorities to take cognizance of their doings; and as they are represented to have long practiced this rite, it would seem that it had been attended, probably, with no great degree of fatality, or attention would have been earlier drawn to the subject.

In the absence of statistics to guide us to a judgment of the

fatality likely to ensue from normal ovariectomy, we can only approximate it by analogy.

It is a familiar fact that a like operation has been in practice, from time immemorial, upon the domestic animals. It is well known that the danger therefrom is exceedingly small; and this without any special care or nursing.

Of the statistics of ovariectomy, it is generally conceded that the rate of mortality, in the hands of experienced operators, is steadily decreasing. Upon this point Peaslee says:

"Ovariectomy, in well-selected cases, *is not comparatively a dangerous operation*, ninety per cent. recovering, probably, in the hands of experienced operators. Over eighty per cent. have actually been saved of cases not selected for their promising features, but taken as they came under the operator's notice, who rejected none which seemed to afford any chance of recovery from the operation."^{*}

He likewise quotes Spencer Wells' opinion to similar purport: That short incisions through the abdominal parietes,—that the removal of a simple, unilocular cyst, and the absence of adhesions,—are all circumstances which materially diminish the mortality of ovariectomy, we would naturally expect; and such is the experience of operators and the dictum of the authorities.

Have we not in normal ovariectomy yet more favorable conditions than these; and may we not reasonably expect a yet greater reduction of mortality than has been attained, or is even attainable, in the ordinary operation of ovariectomy? If the opinion recently expressed by Dr. Marion Sims—that the mass of all the deaths from ovariectomy is caused by septicæmia, consequent upon the decomposition of bloody serum poured out within the cavity—shall prove to be correct, it is evident that the danger from this source is materially lessened in normal ovariectomy.

The loss of possible power to perpetuate the species is undeniable. But let me ask, Of what value is this function to a single lady of thirty, all her life an invalid, and hopelessly incurable excepting by the change of life, which itself implies the loss of this function? Indeed, we need not rest the case here; for there is abundant authority for the assertion that my patient, by reason

* Ovarian Tumors. p. 333.

of her endometritis and amenorrhœa, was, in all probability, *already sterile*.

Thomas says :

“An abnormal shape of the cervix has been pointed out by Dr. Sims as a frequent cause of infecundity. * * * My own experience leads me to the conclusion that, *excepting endometritis*, this is the *most common* of all the causes,” etc. “Endometritis, whether it be cervical or corporeal, fills the uterine canal with a thick, tenacious mucus, which often prevents the entrance of seminal fluid.”*

Byford says

“Amenorrhœa is the least frequent of menstrual deviations as the effect of inflammation in the cervix uteri; but this inflammation is frequently the cause of scanty menstruation. It is curious to notice the manner in which this scantiness occurs. It seems to come on after the inflammation has lasted for a considerable time, and is *almost always associated with sterility*.”†

In a paper read before the Obstetrical Society of Berlin, by Dr. Carl Mayer,‡ upon the morbid conditions which give rise to sterility in women, in speaking of *chronic endometritis* as one of the conditions, he characterizes it as one of the *most obstinate* varieties of uterine disease, and asserts that he “*never saw a woman laboring under it become pregnant*.”

I venture the opinion, based upon my own limited observation, that conception coexisting with amenorrhœa *from any cause*, of fifteen years' duration, is *very exceptional* in its occurrence. I have never known such an instance. I doubt whether any medical gentleman who hears me can recall *one* such case under his own observation. And yet I do not for a moment doubt that such exceptional case might occur, and has occurred; I only contend that they are exceptional—*very exceptional*—and do not vitiate the rule that long-standing amenorrhœa, from any cause, is eminently productive of sterility.

It has been generally supposed that the removal of the ovaries would be attended, necessarily, with *loss of the aphrodisiac sense*. This, however, appears not to be the result, certainly not the uniform result.

* Diseases of Women. p. 509.

† Medical and Surgical Treatment of Women. p. 160.

‡ American Journal of Medical Science, January, 1859. p. 269.

In the case of Miss K. V., of Baltimore, previously cited upon another point, and in which both ovaries were removed, Dr. Atlee remarks: "She married, made a visit to Europe, and after her return I learned through her mother that *the sexual feelings were normal.*"

Upon this point Dr. Peaslee* says: "Thus double ovariectomy, as a rule, is not followed by any loss of the special characteristics of woman; the only decided physiological change being a final cessation of menstruation as well as ovulation. Three of my own patients, married and highly educated ladies, after recovery again became splendid examples of womanhood, enjoying the most perfect health, and retaining all their former attributes of mind as well as of body, and *with undiminished sensory capacities in their matrimonial relations.*"

On the 18th of March, 1871, Dr. Meadows,† in the Hospital for Women, London, removed both ovaries, the patient recovering without a bad symptom. She was seen again on 1st August, when "she stated that she continued to menstruate quite regularly, and *has sexual desire as much as ever.*"

Mr. Spencer Wells‡ mentions a case of double ovariectomy, in his practice, where the patient, after recovery, not only retained her sexual powers, but in an exaggerated degree, and "*actually became aggressive in her demeanor.*"

My friend, Prof. John T. Darby, of South Carolina, informs me, in a private letter, that he is assured by a patient from whom he removed the uterus and both ovaries, that she enjoys the approaches of her husband as much as ever.

The *loss of the menstrual molimen* is the condition of cure, it is the rolling off of a *burden*; in no sense can it be considered a calamity.

Of the *loss of outward feminine graces*—of mammary atrophy, change of voice, growth of beard, etc., it may be said that such occurrences after double ovariectomy are exceptional, and not the rule. An observation of Dr. Peaslee upon this point has already been quoted, and he further remarks: "It has also been asserted that women from whom both ovaries have been removed undergo a decided physiological change, they becoming

* Medical and Surgical Treatment of Women. p. 160.

† London Lancet. Reprint June, 1872. p. 324.

‡ American Journal of Obstetrics, May, 1872. p. 131.

thin, their features more masculine, the voice harsh, the breasts atrophied, and sometimes a well-developed beard resulting from the operation. In Mr. Potts' case, already cited, the first-mentioned two of the preceding changes occurred; in a case reported by Dr. A. Reeves Jackson, the voice became harsher and more masculine, but otherwise no change was discernible; and Dr. W. L. Atlee found one of his patients, after double ovariectomy, with a "shaved beard." This was, however, fourteen years after the operation; and the change probably occurred during the previous three years, the patient passing from forty-seven to fifty years of age, since Dr. Atlee makes no mention of the change as having occurred when he visited her at the age of forty-seven. I have seen a well-developed beard in three instances in women who had cystic disease of the ovary, and should accept such a fact as a ground of suspicion that both ovaries are affected.

"But on the other hand, it should be stated that the same changes which have been mentioned above have been observed in women, especially when somewhat advanced in life, who have never been suspected of ovarian disease of any form.

"The cases I have just detailed must also be regarded as exceptional. In three of my first six cases, both ovaries were removed, and neither of the patients has lost any of her feminine attributes up to the present time, so far as indicated by external appearances. The time which has elapsed since the three operations is twenty-one, sixteen and nine years. I have since had six successful cases of double ovariectomy, in neither of which has any change in the physical appearance occurred; but the time with these has only been from six to two years. Nor do Dr. Clay and Mr. Wells, with their extensive experience, mention any instances of the occurrence of such changes.

"It can not, therefore, be stated, as a general proposition, that the removal of the ovaries produce a change in the physical organization of woman, so as to make her more masculine in appearance, voice and form; though such changes sometimes follow double ovariectomy, as well as attend the progress of ovarian disease in cases not submitted to that operation, but they also occur independently of any suspected ovarian lesion."

Do I hear some one exclaim with indignant surprise, "What! Ovariectomy for amenorrhœa!"

Ovariotomy for amenorrhœa? *By no means!* I beg not to be so misunderstood; I make no such proposition. When I reflect that the menopause is but a sort of physiological amenorrhœa, so to speak, how could I propose to cure one amenorrhœa by substituting another amenorrhœa? I trust I shall not be accused of the heresy *similia similibus, etc.* What I do propose is this: *Ovariotomy to determine the change of life; and the change of life for ANY GRAVE DISEASE which is incurable without it, and which is curable with it.*

But it may be asked, What necessity is there for surgical interference in these cases? I answer, it is necessary because the pathological conditions for which the remedy is proposed are: *First, destruction of human life; second, destruction of human health; third, destruction of human reason; fourth, destruction of human happiness; and fifth, incurable by the recognized resources of our art.*

Who that has stood by the bedside of his unconscious patient and witnessed the distended veins, the throbbing arteries, the suffused, darkened countenance, and perchance the violent contortions of obstinately recurring convulsions, and has not felt that the human organism before him was engaged in a fearful conflict? Can it be that the brain, the lungs, the heart, and other vital organs, stand by as idle spectators while the battle fiercely rages? Nay, are not the heart, the brain, and the spinal marrow already actively engaged in the contest? and shall they all, and always, come off the field unscathed?

When we consider for a moment the intricate system of telegraphic intercommunication by which nature connects all the various forces of her grand army with one composite whole, and by which she rallies one, or all, at her pleasure, upon the point of attack, is it a wonder that the brain, the heart, the lungs, or, indeed, any other organ, should suffer irreparable damage?

If, after many such conflicts, we should find apoplexy, cerebral softening or mania, need we be surprised? If, under the stress of labor it has to undergo, the heart becomes dilated or hypertrophied; if the endocardium or pericardium inflame; if the valves break down, and are no longer able to perform their appointed office, are we filled with wonder? If we find the lungs

suffering pneumonia, pulmonary apoplexy, or tubercular deposit, do we raise our hands in astonishment?

Suppose we find a patient whose history shows these repeated vascular conflicts—as for instance my first cited case, Miss Mary M.—must we search industriously for a long-forgotten rheumatic pain in some distant joint to explain her broken-down heart? But we have not time to comment at length upon this subject. I shall read you brief statements of a few cases, and hurry onward.

Before the Obstetrical Society of Philadelphia, Dr. R. G. Curtin read the following history: C. W., a stout, robust, middle-aged Irish woman, was admitted August 28th, 1866, to the insane department of the Philadelphia Hospital, laboring under an attack of acute mania, brought on by intemperance. After her admission, in a lucid interval, she informed Dr. Curtin that she had *never menstruated*, but that periodically she had pains in the head and back, with all the other symptoms usually accompanying the performance of this function, and *attributed her mental condition, in a measure, to the absence of the flow*. She had been married and living with her husband for ten years, and had *never conceived*. The maniacal symptoms returned, and she *died, very suddenly*, three days after her admission.

“On post-mortem examination no abnormal condition of the brain could be discovered; the immediate cause of death was *an extensive pulmonary apoplexy*. The external sexual organs were normal, the uterine undersized, but with all its appendages complete. On both fallopian tubes, about midway between their extremities, were beard-like prominences. On laying them open two calcareous nodules were found, each about the size of a pea, and completely obstructing the calibre of the tubes, which, above these points, were dilated and distended by fluid. *The ovaries were marked with numerous cicatrices of ruptured Graafian vesicles, one apparently being only three weeks old*. No evidences of pelvic peritonitis.

“Dr. Wm. Pepper remarked that cretaceous nodules appeared to him to be the remains of old blood-clots, which had originally formed in the fallopian tubes.”

Are there no signs of the fatal conflict in this case?

At the same meeting Dr. Harris, of Philadelphia, read a paper in which he states: “I met in New York a woman, of twenty-six

years of age, having her heart so frightfully diseased that she was not only a great sufferer, but looked upon by physicians as a living curiosity, whose affection resulted from rheumatic inflammation produced by her having bathed her genitals in cold water at the age of thirteen, under the impression that the menstrual flow was a bleeding from some accidental injury, her mother having never warned her of the event, nor instructed her as to what she should do upon its appearance."

Might not a careful investigation find marks of the *conflict* here?

In St. George's Hospital, London,* was admitted May 30th, 1872, J. C., a girl aged eighteen; "her family was healthy; she was single and had never seen any catamenial discharge; but for three months before admission she had, from time to time, suffered pain at the lower part of the back and between the shoulders. During these attacks of pain she had *bleeding from the nose and gums, which lasted about a week, and then ceased, returning again after the interval of one month.* For two or three weeks before she came to the hospital she had great irritability of her skin, to relieve which she had recourse to scratching, but this gave rise to immediate bruising of the parts. For four months past she had complained of pain in the left side, accompanied with difficulty of breathing, cough and spitting of blood. *She had never had rheumatic fever; but about four years ago she suffered from chorea.*

"On admission she was very anæmic, the lips and conjunctiva being almost bloodless. She suffered from shortness of breath, and had frequent bleedings from the nose, mouth and skin. She said she had never menstruated. There were hemorrhagic spots on the tongue, inside the lips, and on the gums. Some of the spots on the tongue were as large as half a split pea, and the tip was so covered with ecchymoses that it had the resemblance of a strawberry. The lips were cracked, and on the inner side were numerous ecchymosed spots. The surface of the chest was more or less marked with these hemorrhages, but here some of the spots could be picked off; at the places where scratching had been practiced there were distinct bruises. On the legs and thighs the spots had more the character of the hemorrhages seen in purpura. In many places the blood seemed

* Lancet, New York, November, 1872. p. 593.

to have actually exuded from the skin, as they could readily be lifted off; but there was no evidence that mechanical means had been employed to produce them. For four or five days she had suffered from epistaxis. On examining the chest, a loud mitral murmur, most marked at the apex, was heard, the heart's action being very irregular and rapid. The lungs were resonant, and air freely entered; but the breathing was rapid and labored, even after slight exertion. There was troublesome cough, and occasionally the patient spat blood. There was no vaginal orifice; the small cavity representing the canal of the vagina ended in a cul-de-sac, and was not deep enough to hold a tea-spoonful of fluid. The urethra was in the middle of this cavity. The labia majora were well-formed, but small, and there was an ordinary amount of pubic hair. The space between the rectum and the urethra measured about half an inch. On passing the finger into the rectum, no uterus could be discovered; and when a catheter was introduced into the bladder, it could be distinctly felt through the anterior wall of the rectum. Numerous ecchymoses were present on the inner side of the labia majora.

* * * The patient continued to improve until 11th June, when the breathing became much embarrassed, and accompanied with severe palpitation of the heart, cough and spitting of blood; death taking place at 3 P. M., consciousness remaining till the last.

"Autopsy: Body *well nourished*; limbs and trunk covered with ecchymoses. Mammæ fairly developed, but nipples small. On opening the thorax the pleuræ were found to be spotted with ecchymoses. The lungs were œdematous, and *gorged with blood*. The pericardial cavity contained a small quantity of light, red fluid, but the walls were dotted with hemorrhagic spots, especially the visceral wall. The endocardium at the upper part of the left ventricle was thickened and opaque. *The aortic valves were thick, puckered and inefficient, the mitral valve thickened, and so contracted that the orifice would only admit the tip of the little finger. The muscular walls of the right ventricle and left auricle much hypertrophied.* The liver, spleen, and kidneys did not present any abnormal appearance. *The ovaries were very well developed and congested, and contained a recent false corpus luteum.* The uterus was absent, (evidently congenitally,) only a small nodule of

fibrous tissue being found in the folds of the peritonæum, between the rectum and the bladder."

Surely, we have the mortal wounds of the recent conflict here.

At the annual session of 1872, in Columbia, of the South Carolina State Medical Association,* Dr. T. G. Simmons, of Charleston, relates the history of a "Case of Atresia Vaginæ; Death from Tetanus at Menstrual Period, with Account of Post-Mortem Appearances." M. E., a negress, primipara, was delivered by craniotomy and evisceration on the 5th of May, 1869. Atresia vaginæ followed, and in December of the same year an unsuccessful attempt was made to reëstablish the vaginal canal on account of her suffering with symptoms of retained menstrual discharge. Dr. Simmons says: "The patient continued under my care *suffering intensely* at each recurring menstrual period, but never showing any appearance of an accumulation. I resorted to various anodyne and anti-spasmodic agents for her relief." November 19th, 1870, another attempt was fruitlessly made to remedy the difficulty. On the 14th July, 1871, says Dr. Simmons, "I saw her, and found her suffering *intensely* with pains in back and limbs, also some rigidity in recti-abdominales, pains and rigidity in masseters. These I deemed to be hysterical phenomena. * * * The next morning, found she had passed an uneasy night, but had slept at intervals. The tetanic symptoms well marked, but the paroxysms not very violent or frequent. Patient does not present any wound, nor is she aware of any. * * * (27th July.) I saw her again in the evening; found her much worse; the remedies now seemed of no avail to relieve her of the pain or relax the severity of the spasms. Jaws tightly locked, but still able to swallow fluids; opisthotonos. She remained in this state of fearful suffering until the morning of the 30th, when death closed the *dreadful tragedy*, sixteen days from its commencement. * * * Autopsy, fourteen hours after death: Some degree of emaciation; rigor mortis well established; abdominal organs presented a healthy appearance; the uterus small and bound down, anteflexed and laterally displaced to the left by strong bands of cicatricial tissue; the left ovary prolapsed and the fallopian tube adherent to the uterus, extending

* Transactions South Carolina Medical Association, 1872. p. 56.

down over that organ; and the fimbriated extremity firmly attached to and opening into the vagina on left side, about one and a half inches from the uterus, and at point of opening made at time of operation. The vagina occluded by dense fibrous structure for one and a half inches, the cicatrix being continuous in structure with uterus and inseparable from it. The right ovary and fallopian tube presented nothing worthy of note. There were no recent corpora-lutea *apparent* on either ovary.

* * * The seat of attachment of the fallopian tube at its entrance into the vagina was stained dark-red from recent sanguineous discharge through it. * * * *The left ovary was bound down to the uterus by broad bands of adhesions; length of uterus two and a quarter inches; width at widest part one and three quarter inches. The uterine canal was obliterated, except at either corona; no trace of cavity or os to be found. The fallopian tubes, on both sides, obliterated from uterus to ovary, but patent from fimbriæ to ovary. The fimbriated extremity of right fallopian tube presented no appearance of recent discharge, nor were there any appearances of hemotocele to be found. The pelvis was contracted antero-posteriorly to two and a half inches.*"

Dr. T. R. Brown, of Baltimore, reports in the October (1872) number of the *American Journal of Medical Science*, p. 575, a "Case of Abnormal Structure of the Female Genital Organs." "I was called some three months ago to a lady, nineteen years of age. * * * Four days previous to the patient's death she had quite a profuse bleeding at the nose, lasting about forty-eight hours, and concluding with a sort of nasal catarrh, which, taken with the facts that she had never menstruated, and that the nose bleedings were frequent in their recurrence, induced an examination, post-mortem, of the internal organs of generation. * * *

"The vulva was natural in formation and appearance, with the mous veneries and external surface of labia majora well covered with hair; no clitoris could be perceived. The vagina, which was a simple cul-de-sac, about two inches long, was dissected out without encountering the crura clitoridis. It was destitute of rugæ, hymen, curuncular myrtiforms, and had no communication with the os uteri. The bladder and rectum were firmly adherent to each other, instead of being separated by an

uterus, for which we hunted in vain. The bond of adhesion between the bladder and rectum was the broad ligament, occupying its usual position, of a crescent shape; and imbedded in *either* horn of this crescent, near the summit, about one and a half inches internal to and on a line with the iliac fossæ, was a nodular body, dense in structure, of the size of an apricot kernel, to which were attached a perfect ovary, fallopian tube, and round ligament. The parts adjacent to the ovaries were *greatly congested, evidently connected with a recent ovulation*; and an incision into one of the ovaries showed several corpora lutea, with their corresponding cicatrices, on the outer surface.

"I am of opinion that the nodular bodies referred to were what would correspond to the superior corona of the uterus, and the non-striated muscular fibre, found by Dr. Tiffany in a small section, confirms my impression of its being uterine tissue. The mammæ were unusually well developed, and the symmetry of the patient's figure well illustrated the vigor of her previous health, and her powers of endurance in sickness."

In a private letter, Dr. Brown writes me: "Her *physique* was a model of anatomical symmetry and female beauty; breasts well developed, as were also the external organs of generation. Owing to the condition of her intellectual faculties, her previous history could not be accurately obtained. Enough, however, was found out to satisfy me that there was an abnormality as to her menstrual sickness, which had been taking place for some time in the form of epistaxis, two of which hemorrhages occurred during the time of my treatment of the case, with the usual interval of about four weeks, at which times all the symptoms of the disease (afterwards diagnosed to be cerebral meningitis) were more pronounced. She voided daily a gallon or gallon and a half of normal urine; later on, involuntarily drenching her bed and clothing several times during the day. These, and other symptoms, simply corroborative as to the character of the malady, terminated in profound coma, which continued up to her death. As I have said before, I regard this case as being cerebral meningitis, which, very probably, was associated with some cerebritis, and that *the disease was the result of suppressed uterine menstruation* acting upon a mind already much concerned and excited upon the subject of some possible defect existing

in the organization of her generative apparatus, together with the relation of such defect to her matrimonial prospects."

Dr. Byford* says: "The debility, the imperfect or perverted hæmotosis or the nervous energy, seldom becomes so great as to be the *immediate* cause of death. This, however, sometimes does occur, and *we should indulge a false security to suppose that our patient could not thus die.* I think I have seen more than one instance of death thus resulting. * * * As very correctly stated by Dr. Bennett, *such an unnatural condition of the nervous system and blood is engendered by the disease as to destroy the capacity of the patient to resist or ward off the attacks of the acute diseases to which she may be exposed, or the chronic ones for which she may inherit a strong predisposition.*"

What say you then, my brethren, may a woman die because of unrelieved menstrual molimen?

I shall not detain you with any authorities or argument to show that this condition is *destructive of human health.* I have shown that it may be destructive of life; *ergo*, it may be destructive of health. But I appeal, confidently, to the individual observation of each one of you for the proofs of this proposition.

It is destructive of human reason. I shall detain you with but a single authority upon this point, that of Prof. Fordyce Barker† who says: "Now, appreciating these phenomena, which are physiological in most women, you will be prepared to believe that a pathological condition of these organs, and an *impairment or arrest of their functions*, may be a cause of great disturbance of the circulating and nervous systems, and may result in absolute derangement of the cerebral functions. Although these are scarcely referred to by the systematic writers on female diseases, yet every one who has had much clinical experience in these diseases must have seen their results more or less frequently. Every insane hospital probably contains more or less of such cases, and the special writers on mental diseases furnish numerous illustrations of this fact."

"Of cases of insanity which were induced by amenorrhœa, (I say so because the cure of the amenorrhœa was followed by an entire disappearance of the insanity,) I have seen two," which he goes on to relate, and also the history of a third case which

* Medical and Surgical Treatment of Women. p. 174.

† Journal of the Gynæcological Society, May, 1872.

ended fatally. "The autopsy absolutely revealed nothing to explain the cause of death. The ovaries were normal as to size and structure, but somewhat congested, and on one was the most marked and beautiful specimen of recently ruptured Graafian vesicle that I have ever seen, while the uterus was less than half the size of the virgin uterus. Its cavity did not contain one drop of blood, but its lining membrane had numerous points of ecchymosis."

It is also *destructive of human happiness*. Think you, my brother, when you have felt the pulse, eased the bodily pain, cooled the burning fever, arrested the paroxysm, that you have done *all* that our noble profession exacts at your hands? Have you nothing to do as to the precious pearl which the human casket is but formed to enclose? Is the heart and the soul of your patient no concern of yours? We can not forget that some of the brilliant exploits of surgery have chiefly for their object the *happiness* of mankind, in the removal of unsightly deformities. Have you no care for woman's happiness? Within the boundaries of an adjoining State, but a few years ago, there lived and labored an obscure practitioner of our beneficent art, eking out a livelihood for himself and family, his fertile brain and kindly heart the solace and hope of his humble patrons. *Now* he is gone forth to receive the homage of the medical world, and to inscribe his name so high upon the pinnacle of fame that remote generations of man may see and read it.

Do you ask me why all this homage—why all these honors? I answer you, *his attentive ear was open to the cry of human misery*. He entered the hut of a lonely prisoner, an outcast from society, an object of disgust and abhorrence to her own family and friends; nay more, an object of loathing to herself, *because of the stench of her incontinent urine*. She was not sick, she needed no medicine, and yet his ear was open to her cry. In meditation deep, his busy brain scintillating with brilliant thought, he stooped him down, as did his Lord and Master, and with his finger wrote upon the ground. And lifting himself up he said unto her, "Woman where are those thine accusers? hath no man condemned thee?" She said, 'No man, Lord;' and he said unto her, 'Neither do I condemn thee.'" And, in imitation of his Divine Archetype, he removed her shame, and taking her by the hand he led her forth, and restored her to the world and to

happiness; and to-day the voice of woman, reverberating from peak to peak, echoes the name of Sims all around the habitable globe!

Again, it is *incurable by the recognized resources of the art*. Allow me to quote you a few authorities upon this point. Prof. Thomas* says: "The prognosis of chronic inflammation of the uterine body is *always grave* with reference to cure. Even if the case is not of very serious character, and has lasted only a short time, the possibility of rapid recovery is doubtful, while, if it has continued for a number of years, *it will often prove incurable*."

* * * In most cases a certain amount of amelioration may be effected even when they are of long standing; in a certain number treated early, cure may unquestionably be accomplished; while in a great many *nothing whatever, either in the way of cure or relief*, can be obtained, and the patient, after passing from physician to physician, settles down into a careful mode of life, resolved to cease treatment and bear as best she may an evil which she has learned to regard as *incurable*."

Prof. Thomas also goes on to remark that the prognosis is unfavorable "when the case is of long standing; the nervous system is involved; patient *not near the menopause*."

Speaking to the same point, Scanzoni† says: "Unfortunately, the favorable time for the radical cure is ordinarily past, and we may esteem ourselves fortunate if we can but moderate somewhat the hypersecretion of the uterine mucous membrane, and moderate its consequences. As for ourselves, we do not remember a *single case* where we have been able completely to cure an abundant uterine leucorrhœa of several years' standing. We have already said that the severer forms of this malady may become *dangerous to the general organism*; and many women, whom we have been called upon to treat, had to attribute to the neglect of the disease a bodily and mental debility, which they would keep for the rest of their days, or hysterical attacks, which *deprive them of all enjoyment of life*."

Dr. Byford‡ says: "We should temperately encourage our patient, if we can conscientiously do so, and if our judgment will not allow us to do so, we should express, temperately and

* Diseases of Women. p. 255.

† Diseases of Women. p. 202.

‡ Medical and Surgical Treatment of Women. p. 172.

cautiously, an unfavorable prognosis; and *hope should never be extinguished until the patient is moribund*. Too many good reasons will suggest themselves for the last course to require any argument in support of it. What I have said of a guarded prognosis, and the necessity of not giving a sweeping and absolute opinion, seems to me peculiarly applicable to the disease of which I am now treating. Physicians have not all been convinced of the propriety of treating uterine diseases with the speculum; a large number are entirely, and conscientiously, opposed to it. They are made so, undoubtedly, by the failure of local treatment to fulfill the hope originated by its most ardent advocates. *It does not do what they are told it will do*; it certainly does not in all cases. The only grave error, I think, committed by that benefactor of mankind, Dr. Bennett, in his work on the unimpregnated uterus, is that his book leads his readers to believe that he scarcely, if ever, fails to cure his cases. This is the impression made upon most physicians who read his book. However true it may be, with reference to the practice of so able a master, I think it would be an unjustifiable expectation on the part of the profession at large. From what I have heard and read of the opposition of medical men to local treatment in uterine disease, I think this unrealized expectation of success from local treatment, is one of the main causes of it. Upon trial, medical practitioners become disappointed with the results as they were led to expect them, and abandon the plan as a failure. While I cannot coincide with Dr. Bennett as to the almost universal success of local treatment for uterine inflammation, I am of the opinion that it is greatly superior to any other with which I am acquainted. Prognosis must depend for its reliability, to some extent at least, upon a correct and complete diagnosis of the whole condition of the patient."

Are cases of chronic corporeal endometritis, accompanied by amenorrhœa of fifteen years' duration, easily cured? Are they generally curable? Are they curable at all?

Does somebody object that the *ovaries are normal*, and we must not sacrifice a healthy organ for the sake of a diseased one? Is a part greater than the whole? Is the integrity of one organ superior to that of the whole body? Must the erratic function of the ovary be allowed to subvert the functions of the entire organism? But this principle has been settled upon the highest

possible authority, and for more than eighteen centuries. "Wherefore if thy hand or thy foot offend thee, cut them off, and cast them from thee; it is better for thee to enter into life halt or maimed, rather than having two hands or two feet, to be cast into everlasting fire."

Is it objected that normal ovariectomy is a *reproach to gynecology*? I answer in the language of an honored teacher, Prof. S. D. Gross, of Philadelphia: "As long as the human body is liable to accidents, and as long as nature is incapable of arresting, by her own efforts, the various morbid processes which she herself institutes, so long will practitioners be compelled to invoke the aid, and, I may add, the blessings of operative surgery. Is it a disgrace to amputate a leg for a mortification of the foot, to extirpate a testicle that has been destroyed by cystic disease, to divide the stricture in strangulation of the bowel, to extract a stone from the bladder? * * Surely no one will doubt that in these, and a hundred other instances, our object can be attained only by an operation. Medicine, under such circumstances, however judiciously administered, is not only utterly futile, but is always ready to avail itself of the aid of surgery. Its empire is temporarily suspended, and it only resumes its legitimate function after the use of the knife."

A similar charge has been brought against an operation of which Dr. LeFebre, of Belgium, says: "Ovariectomy is a *precious conquest* for modern surgery, and must not be abandoned." And Sir Wm. Ferguson, nearing the close of a long life made brilliant by his surgical researches and practice, standing upon the very pinnacle of British surgery, his whitened locks encircling an honored brow, says of it: "The proceeding is a well-established fact, *which ranks among the best and safest efforts in surgery to save human life.*"

Do I hear some little soul whisper, "An innocent woman suffers that a doctor may gain notoriety?" There are, I fear, even in our own professional household, narrow minds which, like the frightened ostrich of the plain, hide their diminutive heads beneath a scanty covering of envy and prejudice, where they can see nothing but their own gaudy plumage, and vainly imagine themselves safe from the shafts of Achilles; narrow minds, whose obscured vision finds little within the great temple of

science, in which we worship, besides the gilded horns of the altar and the glittering cornice and panel work; narrow minds, whose meagre ken is incapable of appreciating the nobler conscientiousness of duty discharged for duty's sake.

In retrospecting the ground we have gone over, you perceive I have proposed for your acceptance a new operation in surgery, which I believe to be original with myself in its conception, original in its elaboration, and original in its successful execution. I have related to you the history of the case up to the present time. I have endeavored to show you that the change of life was a reasonable remedy for the morbid conditions present in the case; that it was reasonable to expect that the removal of the ovaries would determine the change of life. I have asked you to hold fast to your faith in the ovular theory of menstruation, notwithstanding some anomalous results of double ovariectomy.

While admitting, for myself, the danger to life from the execution of normal ovariectomy, I have asked you to admit, upon the other hand, that this danger is not great, and that it is not out of proportion either to the severity of the malady upon the one hand, or the magnitude of the results upon the other. I have admitted that sterility necessarily followed the operation, but I have also asked you to admit that, in all human probability, it also preceded the operation, and is not to be charged as one of its consequences.

I have denied that the operation involves loss of the aphrodisiac sense. I have shown you that, in numerous instances, after double ovariectomy, it was retained in full vigor; and I now challenge you to show one instance of its loss.

I have admitted the exceptional loss of the feminine graces, and I ask you also to admit that such results, after double ovariectomy, are exceptional, *very exceptional*, and do not invalidate the general rule that there is no such loss. I have endeavored to satisfy you that an unrelieved menstrual molimen is destructive to life; that it is eminently destructive of health and happiness; and that the condition is often incurable by the recognized resources of our art.

And now it but but remains to inquire, WHAT IS OUR DUTY? Heartily do I adopt and commend to you, my brethren, the

sentiment of Dr. Charles West,* an opponent of ovariectomy: "One remark I can not refrain from making on the grievous injury that is done both to the advance of medical knowledge and to the standing of our profession with the public, by the practice of treating some of these questions as though they were *questions of moral right or wrong*. It would seem, from what has sometimes been said on the subject, almost as if ovariectomy could not be defended save from some sinister end, nor its expediency be doubted except from a moral obliquity rendered excusable only by hopeless dullness. Belief in each other's integrity of purpose seems to me essential to our eliciting truth by discussion; and I see no reason why I am to suspect another of being less mindful of our common duty to humanity because he tries to relieve suffering, or to prolong life, by some means in which I have not the same confidence.

"Your duty and mine is, not to sit down in apathetic indifference, doing nothing, trying nothing, for a patient's cure, because her disease is one which hitherto has proved almost invariably mortal; but rather, patiently, carefully, with much mistrust of our own powers, much watchful scrutiny of our own motives, to apply ourselves to the trial of *every means* by which suffering may be mitigated or life prolonged. To this our common humanity prompts, our obligations as medical men compel us. It is to misinterpret both, very grievously, if we not merely content ourselves with doing nothing, but take shelter under noisy censure of the conduct, and uncharitable construction of the motives, of those who read their duty differently."

In the rapid strides which gynæcology has taken of late years, we may indulge the hope that the field for normal ovariectomy will become still narrower than now, but in the meantime what are we to do for these hopeless invalids? Are they to be allowed to suffer on year after year without hope, except in the interposition of nature at the climacteric?

Suppose a patient of middle age come to you with a stone in his bladder, undermining his health and destroying his happiness; will you look at your *life-tables* and say to him: "Sir, you must be patient; you must drink freely of the diuretic teas and of the mineral waters; perchance they may diminish some-

* Lectures on Diseases of Women. p. 441.

what the size of your stone; and if they do not do this, they will, at all events, render you more comfortable, and enable you to bear sufferings which you can not remove by medicines. Nothing but the knife can cure you, and really I can not *cut* you; you might die, and besides it might render you impotent, so that you could not become the father of a family. Such things *have* happened, and who knows but it might happen to you? See here!—here is the life-table of general averages; your reasonable expectation is ten, fifteen, perchance twenty, years; then nature, herself, will relieve you of all your sufferings. Sir, you must really be patient and hope for the best.”

Do you thus read your duty? Is it any more dangerous to life than an unrelieved menstrual nixus; any more destructive to human health; to human happiness?

But there is a class of cases of which West says, “They are completely beyond the reach of remedy;” of which Hodge says, “Disappointment must often ensue, as the causes of amenorrhœa are frequently immovable;” of which Byford says, “In all cases of absence of the ovaria or uterus, we could not expect to do good by any treatment;” of which Thomas says, “If the uterus be absent, all that can be done will be to abstract a sufficient amount of blood from the arm, by venesection if necessary, to relieve the urgent symptoms attending each epoch.” Does our duty to these resolve itself into a mere meditation upon the wonderful powers of endurance with which our Creator has so miraculously endowed woman? And what of those who, though having a uterus, are yet partakers alike with the others in the same sufferings, the same despair, the same death?

Is it enough that we follow the injunction of old Thomas Rainalde, as laid down in his *Woman's Book*, “To instruct and comfort the party, not only refreshing her with good meat and drink, but also with *sweet words*, giving her good hope of a final deliverance, encouraging and *enstomaching* her to patience and tolerance, etc.” Shall we give her some doses of camphor, of musk, of valerian, of assafoetida? “Things that to hear them told, have made me tremble;” things of which she has already taken gallons, and for years; things, the very name of which is a stench in her nostrils to this day! Shall we take some ounces of blood from the arm with our thumb lancet? Nature has been

bleeding her scores and scores of times, and all to no purpose, save to ward off for the time impending death.

Am I told of the restorative powers of the mountain air, of cheerful society, of travel, of the mineral waters? As well descendant to the famishing ditcher in the bogs of Ireland of the toothsome delicacies of Delmonico's or the *Trois Freres*; as well remind the hapless traveler, with mangled limb crushing beneath the ponderous train, of the soothing influences of music, and of the gentle evening zephyr.

In all this large and learned and grave assembly, am I alone in my experience, when, after years of study, of patient investigation and earnest labor, I am forced to say to my discouraged patient: "It is enough; I have faithfully studied and labored your case; I have exhausted the *materia medica*; I have tried every expedient; for you there is no balm in Gilead; henceforth you can only look to the change of life for remedy." Can it be that after years of such sad experience, I have come up here to learn, at last, a ready solution for so difficult a problem in the old and familiar resources of our art? Happy indeed would be the day; thrice happy the man who should thus return to his suffering, hopeless patient, joyfully shouting—Eureka! Eureka!

Go with me to the chamber of a solitary invalid, worn down to a shadow by her long years of painful suffering, heart-sick with hope deferred. See her as she sits in her solitude of despair—the winding-sheet of her own living sepulture gathered about her—anxiously peering into the dark, unknown future, and impatiently waiting to catch, if possible, a glimpse of the fleet-footed, ghastly messenger, bearing the sand-glass and the scythe—her last, her only friend!

Go with me to the family fireside; see her now around the cheerful hearthstone, the sunny smile of contentment and hope replacing the gloomy clouds of despair. See with what interest and zeal she engages in the duties and the pleasures fitting to her age and sex. Already are the deep furrows' and angular prominences being smoothed and rounded by adipose deposits; already is she attaining somewhat of the beauty and grace which the promise of her girlhood had foreshadowed. She feels that she is now anchored in a secure harbor, from which she can look back with composure upon the many fearful storms

through which she has passed, and which she may no longer dread. And though she can not claim for the future the rewards of maternity, she is thankful that she escapes its perils and its cares. Failing in other objects of her womanly love and devotion, she finds in her church, and in the great cause of humanity, ample scope for all her heart's desires.

Look upon this picture, and then upon this, and tell me, my brethren, which do you elect?

Do I address some who, though rejecting my proposal for remedy, have nothing effective to offer instead; some who, "laden with years, furrowed with the routine of long experience, to whom a certain unvarying regimen has become as a part of their nature, still entertain the belief that the school in which they were taught, and the maxims therein imbibed, embody the principles of a system—the type of perfection—not to be disturbed by additions and improvements, so denominated, and from which nothing can be safely or advantageously removed?" To such I would respectfully say, in the language of England's great dramatist:

"Tell me not, Friar, that thou hearest of this,
Unless thou tell me *how I may prevent it*.

If in thy wisdom, thou canst give me help,
Do thou but call my resolution *wise*,
And with *this knife* I'll help it *presently*.

* * * * *

Therefore, out of thy long experienced time,
Give me some present counsel; or behold!
"Twixt my extremes and me this bloody knife
Shall play the umpire; arbitrating that
Which the commission of thy years and art
Could to no issue of true honor bring.
Be not *so long to speak*; I long to die,
If what thou speak'st speak not of *remedy*."

What say you then, my brethren? If we believe in our hearts that the change of life will cure these direful maladies, ought we still to content ourselves with sweet and honeyed words, encouraging and enstomaching to patience and resignation? Ought we not rather to bring down the clenched fist in manly determination of purpose, exclaiming, by the eternal powers *let the change of life come—Now! now!*

