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INVESTIGATIONS INTO EFFECTS OF BILATERAL
OOPHORECTOMY

A Thesis submitted to the University of
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by

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Investigations into Effects of Bilateral Oophorectomy.

These researches have been undertaken with a view to helping to determine the effects on general health and on nervous and ~~physical~~ ^{psychical} conditions, of bilateral oophorectomy in women at an age when the ovaries are still active.

The investigator puts forward no theories, her sole aim having been the collection of evidence for the use of those who are in a position to speak with authority.

The cases enquired into are those of Dr Thomas Wilson, Senior Honorary Gynaecologist to the Birmingham General Hospital. They are not in any respect selected cases, the series including the whole number of operations for bilateral oophorectomy in non-malignant cases done by him at the General Hospital, at his Private Hospital, at the homes of patients, from his earliest case of the kind, in 1896, down to the end of 1906. To these were added, for comparison, all his non-malignant cases of combined hysterectomy and unilateral oophorectomy, and of hysterectomy alone. The total number of cases coming under the above three heads is 180, divided as follows :-

1. Bilateral Oophorectomy	140
2. Combined Hysterectomy and Unilateral Oophorectomy	20
3. Hysterectomy alone	20
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	180

It has so far only been possible to trace 117 of these 180 cases, and these are divided as follows :-

1.	Bilateral Oophorectomy	91.
2.	Combined Hysterectomy & Unilateral Oophorectomy	14
3.	Hysterectomy alone	12
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		117

As the ratios between these are roughly the same as between the numbers for the total series, it is probable that any comparisons made between them would hold equally well for the complete series, and it may fairly be taken that the 117 cases investigated are representative of the total 180 cases operated on.

It was recognised that the only satisfactory way of gaining evidence was by personal interviews with the patients, if possible in their own homes, and the work was conducted throughout with a view to gaining a quiet hour or two alone with the patient in her home. It was necessary to proceed somewhat differently in the case of hospital patients and of private patients, but everything possible has been done to obtain comparable evidence in the two classes. Of the total 180 cases, 137 were hospital and 43 private cases. To the 137 hospital cases an autograph letter, signed by Dr Thomas Wilson was sent, explaining that he wished to know something as to the health of the patient since her operation, and would like to send

"a lady doctor from the hospital" to see her for him and to report to him. It was felt wise to write these letters rather than to typewrite them or print them, because the written letter would be more likely to assure the patient of personal interest in her. With each letter was enclosed a stamped addressed post-card asking for any change in the address. If after a few days the letter failed to bring an answer or to be returned from the General Post Office, a second similar letter was sent, and when necessary a third, but in every one of the 137 cases this method either secured communication with the patient, or proved, by the ultimate return of the letter from the postal authorities, that she had left her original address. That it should only have been possible in this way to reach 88 out of the 137 cases seems bad, but is largely accounted for by the fact that the gynaecological department of the General Hospital serves a very large number of women of the poorest classes, who live in courts and very poor streets, where removal at a few hours' notice is a frequent occurrence.

Out of the 88 cases so

reached 53 had changed their addresses since leaving the hospital. When the address had been secured the patient was written to again and an appointment made for an afternoon at her home. It was felt that a better idea would be gained of the woman as a whole by seeing her in her own surroundings, and therefore patients who would have been willing to come to the hospital or to the investigator's home were not invited to do so, but when living anywhere within a radius of 100 miles from Birmingham were visited.

With the 43 ^{private} cases it was necessary to proceed differently as it was felt to be politic to communicate with them through their family doctors, but in eleven even of these the investigator was able to secure a personal interview, while to the others available a scheme of some 40 questions was sent, and was returned in 18 cases, so making a total of 29 cases reached out of 43. That the 117 total cases reached (88 hospital and 29 private) are drawn from a wide district is shown by the following figures :-

57 live in Birmingham and its suburbs

38 in the towns of Wolverhampton, Walsall, the Black Country towns of Tipton, Wednesbury and Blackheath, the Pottery towns of Stone and Stoke, Burton-on-Trent, Lichfield, Warwick, Coventry, Banbury, Droitwich, Wellington, Newport (Salop) London, Southend, Northampton, Huddersfield, Cheltenham,

Ashbourne and Halesowen.

20 live in country places in the counties of Warwick, Worcester, Hereford, Gloucester, Somerset, Stafford, Derby, Buckingham and Lincoln, and some of these live a number of miles from any station.

Total cases reached 117.

Hospital cases seen	81	Letters from Hospital cases	7
Private cases seen	<u>11</u>	Letters from Private cases	<u>18</u>
	92		<u>25</u>

Of the seven letters from Hospital cases three were from patients who in this respect were treated as private cases, three were from patients living more than 100 miles away in England and one was from British Columbia.

Each of the 92 cases seen (with very few exceptions) took a half-day or from three to five hours, and in eight cases a whole day had to be spent on the journey and the interview.

The patients were, almost without exception, greatly pleased to be remembered, they were full of warm appreciation of the care given them by Dr Wilson, by his staff, by Ward Sisters and Nurses, and were so glad to see someone who represented the Hospital, that they were at once on the most frank and friendly terms, ready to tell simply and honestly all they could as to their post-operative health.

The method adopted was to ask them in general terms how they had been getting on since the operation,

and when something had been secured in this spontaneous way, to supplement it by direct questions until evidence had been gained on the following points, which were asked for in every case.

1. Work. How long was it after the operation before light housework could be taken up? How long before the full work of a house, including heavy scrubbing and laundry? How long before the former occupation, of factory or shopkeeping, or whatever it was, could be taken up? How what is done now compares with what was done in the years before the trouble which led to the operation? How much walking or cycling can be done?

In the answers to these questions it will often be found stated that the work of a six-roomed, five-roomed, four-roomed house can be done, and this might give a mistaken idea of the social status of the patients, were it not remarked that in Birmingham almost the whole of the very poorest class lives in houses of three or four rooms, and that the five or six-roomed house is that of the upper stratum of the wage-earning classes.

2. Vaginal discharge. The presence or absence of this, the times of its appearance and cessation, the character, the quantity, any conditions which seemed to influence it.

In the case of supra-vaginal hysterectomy special enquiry was made as to any occurrence of menstruation after the operation.

3. Flushes. The length of time after operation at which these appeared, and the time when they ceased to occur. The number of flushes in a day, when they first appeared, or when they were at their height. The severity, as marked by their causing a sense of suffocation, of faintness, of giddiness, of a need to sit down. The possibility or not of working through them, of staying in Church through them. Any special quality observed in them and the amount of mental distress or annoyance they caused the patient.
4. Headaches. Here a careful comparison between post-operative and pre-operative life was made, as headaches are so common among women. The time of onset of the special post-operative headaches, their frequency, their situation, their severity, any relation between them and the flushes, or between them and digestive or cardiac neuroses, were enquired into. Changes in any respect as years went on were recorded.
5. Digestive neuroses or lesions of any kind. Troubles of this kind were enquired for as "indigestion", a term which with these patients covers all kinds of gastric and intestinal pain and also flatulence. The onset, duration, cessation; the character, severity, frequency of such pains, and of flatulence, were enquired into in detail.
Constipation was also enquired into, and any gastric

or intestinal disorder of any kind.

6. Cardiac symptoms. Palpitations and dyspnoea were enquired into, as to time of onset after operation, frequency, severity, apparent cause and duration of liability to such attacks.
7. Sleep. This was enquired into as affording some evidence both as to nervous and circulatory conditions.
8. Weight. Where possible the weights at the time of operation and at the present time were obtained, and where these could not be given a rough statement as to increase or decrease was made, and the present weight compared with the normal weight for a woman of the given height and build.
9. General health. This was a comparison between the time when the immediate effects of the operation might be supposed to have passed off and the period of life before the illness which led to the operation. As many points as possible were considered here, and the general sensations of well-being, of activity, of pleasure in work, of staying power, were gone into. It was one of the most difficult parts of the investigation, but it was felt that the condition of the woman as a whole was the best criterion of what the operation had done for her.
10. Nervous condition. Questions of change in nerve irritability, as shown by inability to stand sudden

9

noises without starting; altered reaction to fatigue or anxiety; what is generally understood by "nervousness", were gone into as fully as possible, with care to distinguish the time immediately after the operation from later periods.

11. Mental condition. Enquiries were here considered of especial value as bearing on the question of the relation, or absence of relation, between bilateral oophorectomy and subsequent mental instability or derangement. The occurrence of depression, the time of appearance of the attacks, their character, severity, frequency and duration; the general psychological condition in the intervals of fits of depression; the question of cheerfulness as compared with that of healthy pre-operative life; the question of any change in temper, any change in general outlook on life, were all carefully gone into. In the four cases where symptoms of insanity had developed the family history in this respect was minutely enquired into.
12. Condition of scar - in cases of abdominal section - with special reference to hernia.
13. Marital relations were enquired into where it was thought the evidence might be of importance, as in the case of the younger patients. In all but two cases, relations were unaffected and satisfactory, in one of these two they were satisfactory, in the other they were not, and the patient contemplated leaving her husband. She was, and for years before the operation had been, an extremely feeble and neurotic woman.

In all the above enquiries the work was made comparative, by taking as a standard for the patient her normal pre-operative health. Changes in the symptoms as post-operative years went on were in each case recorded.

At the end of a quiet talk on all these points, a note-book was produced and the facts recorded at once, while the patient busied herself in preparing the tea it was always a pleasure to her to give. She was then entirely free from self-consciousness, and very ready to talk of the interests of her daily life, and it was felt that during that second hour of friendly chat over a cup of tea valuable additional evidence was gained as to the ~~physical~~ ^{psychical} condition and the general outlook on life.

The occupations were varied, but about 75% were women engaged in housework in their own homes. They fall into the following classes.

Housewives of wage-earning classes	49
Housewives of middle classes	15
Unmarried women doing housework in their own homes	9
Domestic servants	8
Factory workers	7
Laundresses	3
Charwomen	3
Shop-keepers	2
Dressmakers	2
Governesses	2

Hospital Nurses	4
Actresses	2
Housekeepers	2
Midwives	1
Hotel manageresses	1

In a few cases of private patients the occupation was not communicated .

The proportion of unmarried women to married was much larger than the proportion of unmarried to married women in the community at large.

Married	81	} Total 117
Single	36	

This disproportion is most marked in the operations for fibroma, where the figures are

Married	30	} 56
Single	26	

The operations extended over a period of eleven years, from 1896 to 1906 inclusive, and two cases occurring in January 1907 were also included, as more than a year had elapsed before they were looked up.

The numbers in each year were :-

1896	1
1897	3
1898	5
1899	2
1900	6
1901	8
1902	7

1903	20
1904	18
1905	23
1906	23
1907 (Jan)	2

The operations were undertaken for the following conditions -

1	For fibroma of uterus	56
2	For inflammatory conditions of appendages and uterus	52
3	For dysmenorrhoea	6
4	For stenosis of the internal os causing haematometra	1
5	For uterine cyst	1
6	For repeated tubal gestation	1
		<u>117</u>

The disproportionately large number of cases of pyosalpinx and other inflammatory conditions is due to the fact that it is the practice of the gynaecological department of the General Hospital to grant to suppurative cases priority of admission over these cases of fibroma which can usually better wait.

The number of cases of fibroma living in the country or in small country towns formed a large proportion of the whole, while the inflammatory cases were almost all found in Birmingham. It seems probable that this is due to several factors -

- 1 The greater prevalence of gonococcal infections in town life.
- 2 The greater frequency of puerperal infection

owing to town midwives and doctors being even more careless and septic than those in the country.

- 3 The acute nature of pelvic peritonitis making a railway journey of any distance almost impossible in many cases, and so keeping away country patients of this class.

Regarded from a surgical point of view the operations fall into the following classes -

1	Total abdominal combined hysterectomy and bilateral oophorectomy	62
2	Supra-vaginal combined hysterectomy and bilateral oophorectomy	12
3	Vaginal combined hysterectomy and bilateral oophorectomy	6
4	Total abdominal combined hysterectomy and unilateral oophorectomy	6
5	Supra-vaginal combined hysterectomy and unilateral oophorectomy	1
6	Vaginal combined hysterectomy and unilateral oophorectomy	7
7	Bilateral oophorectomy alone	11
8	Vaginal hysterectomy alone	10
9	Supra-vaginal hysterectomy alone.	2
		<u>117</u>

For the purposes of this investigation a more important classification is -

1	Bilateral Oophorectomy	
	((a) Combined with hysterectomy 80)	} 91
	((b) Not combined with hysterectomy 11)	
2	Combined unilateral oophorectomy and hysterectomy	14
3	Hysterectomy alone	12
	Total	<u>117</u>

The ages ranged from 21 to 61 and the cases were distributed in age-periods as follows :-

From 21 to 30 years 25 cases

- 3 for fibroma
- 18 for inflammatory conditions
- 3 for dysmenorrhoea
- 1 for haematometra

From 30 to 40 years 50 cases

- 28 for fibroma
- 19 for inflammatory conditions
- 2 for dysmenorrhoea
- 1 for second tubal gestation.

From 40 to 50 years 35 cases

- 21 for fibroma
- 12 for inflammatory conditions
- 1 for dysmenorrhoea
- 1 for uterine cyst

From 50 to 61 years 7 cases

- 4 for fibroma
- 3 for inflammatory conditions.

It was felt that for the purposes of studying the

effect of removal of both ovaries the main classification should be according to age, and not according to disease, and this plan has therefore been adopted, with subsidiary classifications as to diseases. It was hoped that by comparing the results in one decade with those in another some idea might be gained as to the relative value of ovarian secretion at different periods of life.

AGES 21 to 30 YEARS - 25 CASES.

These are all cases of bilateral oophorectomy, combined in all but three cases - Nos. 16, 18, and 23 - with abdominal hysterectomy.

1. For inflammatory conditions 18 cases.

<u>Number</u>	<u>Age</u>	<u>Operation</u>	<u>Disease.</u>
1	22	Total abd. hyst. and bilateral oophorect. 1905.	Double pyosalpinx
2	22	Tot.abd.hyst. and bilat.oophorect.1906	Double pyosalpinx.
3	23	Tot.abd.hyst. and bilat.oophorect.1904.	Double pyosalpinx
4	23	Tot.abd.hyst. and bilat.oophorect.1900.	Left pyosalpinx R.suppurating ovary.
5	23	Tot.abd.hyst. and bilat.oophorect.1906.	Pyosalpinx.
6	24	Supra vag.hyst. and bilat.oophorect.1903.	Double pyosalpinx.
7	24	Tot. abd.hyst. and bilat.oophorect.1897.	Pyosalpinx.
8	26	Tot.abd.hyst. and bilat.oophorect.1906.	Pyosalpinx
9	26	Tot.abd.hyst. and bilat.oophorect.1906.	R.pyosalpinx. L.suppurating ovary.

Number	Age	Operation.	Disease.
10	27	Tot.abd.hyst. and bilat.oophorect.1905.	Tubercular Salpingitis.
11	27	Tot.abd.hyst. and bilat.oophorect.1905.	Double Tubo- Ovarian abscess.
12	28	Tot.abd.hyst. and Bilat.oophorect.1904.	Double Pyosalpinx.
13	28	Totlabd.hyst. and bilat.oophorect. Jan.1907.	Double pyosalpinx.
14	29	Supra.vag.hyst.and Bilat.oophorect.1904.	TuboOvarian Abscess.
15	29	Tot.abd.hyst. and bilat.oophorect.1906.	Double hydrosalpinx.
16	25	Completion of bilateral oophorect- omy 1901.	Tubercular Salpingitis.
17	26	Bilateral Oophorect. 1904.	Inflamed tubes.
18.	26	Bilat.Oophorect. <u>Half one ovary left</u> 1903.	Haematocele.

II. For Fibroma - 3 cases.

19	26	Tot.abd.hyst.and bilat.oophorect.1904.	Fibroma.
20	29	Tot.abd.hyst.and bilat.oophorect.1902.	Fibroma.
21	29	Supra-vag.hyst.and bilat.oophorect.1906.	Fibroma.

III. For Haematometra - 1 case.

22	21	Tot.abd.hyst.and bilat.oophorect.1903.	Primary amenorr- hoea & haemato- metra.
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14

IV. For Dysmenorrhoea - 3 cases.

<u>Number.</u>	<u>Age.</u>	<u>Operation.</u>	<u>Disease.</u>
23	21	Bilateral oophorect. 1900.	Dysmenorrhoea.
24	28	Tot.abd.hyst.and bilat.oophorect. 1904.	Dysmenorrhoea.
25	29	Tot.abd.hyst.and bilat.oophorect. 1900.	Dysmenorrhoea

Wassell

78

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case / Age 22. Single. Domestic servant.

Operation September 1905.

Complained of severe pain in left iliac region and of leucorrhoea, both of one month's duration. Had slight urethral discharge.

Operation. Omentum, small intestine and pelvic colon densely adherent to uterus and appendages. Uterus removed together with two pyosalpinges and both ovaries.

Took up light work 3 months after operation, married 7 months after, and has since done the work of six-roomed house with ease. Says that her health is better than at any time during her life, as she was always a delicate girl, while now she has nothing to complain of beyond colds.

Flushes have been very slight and infrequent, she has had no headaches and no cardiac neuroses, but has had rather severe flatulence.

Weight unchanged and sub-normal.

Nerves have been slightly irritable, but she has had no fits of depression, is happy and prosperous, and describes herself as bright and cheerful.

Marital relations entirely satisfactory.

Looks rather anaemic and frail, is bright and normal in ways and speech, gentle and prettily mannered, happy and free from self-consciousness.

19

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 2 Age 22. Single. Actress.

Operation December 1906.

Complained of severe incapacitating attacks, each lasting a few days, of pelvic pain, since miscarriage at sixth month, 16 months ago.

Operation. Removal of inflamed uterus, of right and left pyosalpinges, of inflamed ovaries. Pelvic organs adherent to omentum and to intestines.

Took up light work two months after operation, warehouse work ten months after, not feeling strong enough for stage-life.

Slight flushes came on a year after operation.

Slight headaches occur monthly, together with some pelvic pain for one day. She has had no digestive or cardiac neuroses.

Weight gained and now normal.

General health better than at any period of adult life; says she feels well but is rather easily tired, and has some pain in the back and left hip at night.

Nerves are irritable, but patient says she was always "hasty and irritable" and that her temper has not suffered from her illness. Has had no fits of depression. This is borne out by mother who says she is always light-hearted. Looks healthy and fairly strong and wears a cheerful, contented expression.

Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 3 Age 23. Married. Four children.

Factory worker. Operation August 1904.

Complained of five weeks' illness, of attacks of sharp pelvic pain, with vomiting, fainting and sleeplessness, of dysmenorrhoea, of mucous colitis, of losing appetite and losing flesh.

Operation. Removal of densely adherent uterus, ovaries and tubes, the latter containing pus.

Took up light work 4 months after operation, full housework at end of 9 months, and factory work some time later. She works a lathe 10 hours a day. Health less good than that of similarly occupied factory girls, less good than her own before operation; keeping her at home for a day or two occasionally from headache and weariness.

Flushes were severe for some time, and occasionally made her faint for a few minutes; are now nothing to complain of but still happen two or three times a day for a minute. She has nausea most mornings and flatulence every day, headache one or two days a week and severe palpitation on exertion. Weight a little increased.

Nerves are irritable, and she says she is very short-tempered compared with what she was before, but that she has had no mental depression, and is always cheerful.

She is anaemic and constipated, and is working at an unhealthy trade, and it is difficult to apportion the symptoms between the oophorectomy and the anaemia.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 4 Age 23. Single. Operation January 1900.

Complained of severe lower abdominal pain for past
 $1\frac{1}{2}$ years, post partum in origin.

Operation. Removal of uterus, of left pyosalpinx
and adherent left ovary, of adherent and inflamed
right tube and of suppurating right ovary.

Took up light work in a few weeks, full work a little
later, has since done much housework, but has had very
varying health, being well and energetic one day,
languid and exhausted another. Health improves now
from year to year.

Flushes, very severe and "dozens in succession", came
on at once, lasted some years and are now very rare.
Severe and frequent headaches, especially violent at
monthly ~~periods~~ intervals, came on at once and have
given much trouble all the eight years, but are now
a little less severe and less frequent. There has
been much severe epigastric pain and ^{much} flatulence, but
these are now improving. Palpitations occurred at
first but are now very rare.

Nerves have given much trouble, but she has exercised
much common sense and self-control, and is now in nor-
mal condition. She has had fits of causeless
depression, but has always felt it was "wrong to give
way to them when she was so happy and prosperous"

and has on the whole succeeded in being cheerful. She married very well within two years of operation; marital relations have been entirely satisfactory and she is thoroughly comfortable and happy.

A very well-developed, healthy, fine-looking woman. Expression intelligent and cheerful. Manners simple, dignified and self-controlled. Looks younger than her age.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Suppurative Conditions.

Case 5 Age 23. Married. One child. Factory worker and housewife. Operation June 1906.

Complained of much abdominal pain since birth of child 2½ years previously, of menorrhagia, of leucorrhoea, of dysuria. Was anaemic and weak.

Operation. Removal of uterus showing endometritis, of right tube with interstitial abscess, of right ovary, of left inflamed tube, of left ovary.

Took up light housework 6 weeks after operation, full housework a few weeks later and factory work at end of a year. Is now doing more than ever before, and has the "best health of her life", is fairly strong, is not anaemic, can work and cycle comfortably.

Flushes, following one another in quick succession, and making her feel faint, came on after 9 months, and are now becoming fewer. She has had slight occasional headaches, but no digestive or cardiac neuroses. Sleep very good.

Weight increased and now normal.

Nerves were rather irritable for a time, and temper a little more hasty than normal, but there have been no attacks of depression, and she is usually bright and happy.

Marital relations unaffected and satisfactory.

A bright cheerful woman of a rather ill-developed and unhealthy lower type, vivacious, amiable, and self-controlled.

Supra-Vaginal Abdominal Hysterectomy and
Bilateral Oophorectomy for Suppurative
Conditions.

Case 6 Age 24. Married. No children.
Town housewife. Operation August 1903.

Complained of menorrhagia, of frequency of micturition,
of severe pelvic pain, of losing flesh. Was thin
and anaemic.

Operation. Removal of an enlarged and thickened uterus,
of right pyosalpinx and enlarged and cystic right
ovary, of left pyosalpinx and enlarged left ovary.

Patient not interviewed because now living more than
100 miles from Birmingham. She writes :-

Took up light work after 6 months, ordinary housework
after 15 months, is now engaged in work which
necessitates much standing, and says she has "Very good
health but for occasional indigestion and constipation".
Flushes came on at once, were very frequent for first
six months, are now rare and brief. She has always
had headaches and has "certainly not more now than before
operation". No palpitations.

Weight increased from 8st. to 9½ st.

Nerves give no trouble as a rule, only when patient
has real anxieties. Says she "was irritable only
when suffering from flushes"; is now quite her old
self again, cheerful and free from attacks of cause-
less depression, and very thankful for result of
operation. She is separated from a bad husband,
and earning a living by very hard work.

Hysterectomy and Bilateral Oophorectomy
for Suppurative Conditions.

Case 7 Age 24. Married. Country housewife and
laundress. Operation September 1897.

Complained of pelvic and of vulvar pain.

Operation. Removal of densely adherent uterus, of
enlarged and cystic ovaries, of tubes.

At the time of operation patient had vascular and
exquisitely tender patches around the orifice of the
urethra and scattered about the vulva. One of these
was excised and others were treated by cautery, the
condition persisted and in spite of all known means
of treatment has continued to the present time, and
has given much distress, causing dysuria, "bearing
down" and much extreme tenderness. There is at
present definite urethritis with caruncle, and the
vascular patches on the vulva appear to be of the
nature of caruncle.

Patient took up light work a few weeks after operat-
ion, full housework and laundry six months after.
She describes her health as better than during years
before operation and thinks she would be quite well
but for the vulvar condition.

Flushes came on a month after operation, were suffo-
cating, were worst at monthly intervals, occurred
several times a day for two years, and then lessened
in frequency, but still occur slightly about once a

month.

Headaches frequent and severe, have troubled her all along, and are now of daily occurrence. She has had no indigestion and no cardiac trouble beyond a little palpitation. Weight has been gained, and she is now rather stout.

Nerves are easily upset, she "fidgets about", gets excited over her laundry, turns giddy at times, and loses temper easily. She has fits of depression and is rarely very cheerful, unless she has company about her. These conditions are growing worse, and are causing her relatives anxiety.

She is an energetic, highly coloured woman, voluble, restless, and with a morose expression. She is known to have borne this trying condition of ten years' standing with much fortitude, but her resistance is now wearing down.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 8 Age 26. Married but separated from husband.
One child. Domestic servant.

Operation November 1906.

Complained of severe pelvic pain, of menorrhagia,
of dysuria, all of about three weeks' duration.

Operation. Removal of uterus, of right pyosalpinx
and inflamed ovary, of left inflamed tube and ovary.

Within two months of leaving operation patient was
at work in a factory for ten hours a day, found
this too hard and took up restaurant work and general
service, in which she has continued since, finding
herself fully equal to a great deal of work.

Flushes almost unnoticed, headaches very seldom, no
cardiac neuroses, rather severe flatulence.

Weight slightly increased and normal.

Nerves give her no trouble and she says she is
"always too busy" to be anything but cheerful, and
is very thankful for such good health as she had not
known for four years before operation.

Seems a thoroughly healthy, self-dependent and
contented woman.

(This was in January 1908. In March she was seen
by chance in Out-Patient Room, having come up
because headaches and flushes were causing more
trouble).

29

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 9 Age 26. Married. One child. Actress.
Operation December 1906.

Complained of menorrhagia, of lower abdominal pain,
both of two months' duration.

Operation. Removal of uterus, of right pyosalpinx
and right suppurating ovary, of left tube and of
left suppurating ovary.

This patient was not seen, as at time of enquiry
she was acting at a town on the South Coast.

She wrote to the following effect:-

Pantomime acting taken up ten months after
operation and done comfortably. General health
"very good", but some pain in back.

Flushes "now and again very bad".

Headaches "very bad".

No indigestion whatever.

A little palpitation.

Sleep "very good".

Weight gained.

She says her nerves are in very good condition
and that she is thoroughly cheerful, and from
the tone of her letter life sounded satisfactory.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Tubercular Salpingitis.

Case /10 Age 27. Married. Doctor's wife, formerly
Hospital Nurse. Operation March 1905.

Complained of sharp abdominal pain of 6 weeks'
duration, of pelvic tenderness, of dysmenorrhoea.
Had had scarlet fever, rheumatic fever and diphtheria
all at same time.

Operation. Removal of uterus, of enlarged and
adherent tubercular tubes and ovaries. Patient,
a private case, was not interviewed.

Letter gives the following -

Took up light work 6 months after operation, can now
do any light work and can walk short distances.

Health "really very much better than for four years
before operation".

Flushes came on at once, severe, occurring every hour
or less, causing extreme faintness. After a few
months were less frequent, and are now occasional
only. Headaches very frequent, at times almost
constant, but better since eye strain corrected.

Flatulence, palpitations, and dyspnoea were trouble-
some for about 9 months, then cleared away.

Sleep is broken and there are periodic attacks of
insomnia, lasting a week.

Weight increased from 8st. 2lbs. to 10 st.

Height 5ft.7in.

Nerves, previously very steady, have been easily

upset since illness which led to operation.

Mental condition one of "chronic despondency with very occasional days of cheerfulness". Is irritable over trifles, but can now control herself better than formerly.

She wrote a calm letter, free of exaggeration and of self-commiseration.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case // Age 27. Married but separated from
husband. One child. Charwoman.

Operation August 1905.

Complained of severe pain in both groins, of metrorr-
hagia of 6 months' duration, of almost constant loss
for past 3 weeks.

Operation. Removal of uterus adherent to intestines
and to omentum, of right appendages with tubo-ovarian
abscess, of left appendages with tubo-ovarian abscess.
Took up light work 3 weeks after operation, full work
and heavy charing in about 2 months. Has never had
such good health in her life as in the past two years,
and has nothing whatever to complain of.

She has had occasional slight flushes, perhaps once
a week at most, and now once a month; infrequent
slight headaches, no digestive or cardiac symptoms.

Weight considerably increased and now too great.

No nervous or mental disturbances of any kind.

Is by her own account extremely lively and always
cheerful.

It would scarcely be possible to see a more healthy
or vigorous-looking woman. She seems thoroughly
content with a hard life and has a happy expression.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 12 Age 28. Married. Three children.

Town housewife. Operation October 1904.

Complained of severe pelvic pain, of pain in back and legs, incapacitating; of menorrhagia.

Operation. Intestine and omentum found densely adherent to pelvic viscera, whole pelvis involved in wide-spread adhesions. Uterus removed together with right and left pyosalpinges, and right and left ovaries.

Patient took up housework a month after operation, did it for a fortnight, and was then in bed very ill for five weeks with abdominal pain. Since then has done the work of small and ill-kept house.

General health variable, some days she feels very well, other days very tired. She has pain in sacral region and some discharge from rectum. She had rather

~~was~~ frequent but not severe flushes 9 months after operation; these are now ceasing. She has rather frequent headaches as before operation, a poor appetite, some epigastric pain and flatulence.

No palpitations.

Weight unchanged and below normal.

She has had no trouble with nerves and no depression after first few weeks, and is considered by her neighbours to be a particularly cheery woman.

No marital difficulties have arisen, but in accordance with her wishes, connection now very seldom occurs.

A rather anaemic, weary-looking, untrained woman of an undeveloped social class.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Suppurative Conditions.

Case /3 Age 28. Married. No children.

Country-bred housewife. Operation January 1907.

Complained of severe lower abdominal pain, had "stoppage of bowels" 8 years ago, and 7 years ago, and appendicitis 2 years ago.

Operation. Removal of uterus and of both ovaries and tubes for double suppurative salpingo-oophoritis and ovarian abscess.

Took up light work the day after leaving Hospital, full work of six-roomed house at end of a fortnight, laundry work (heavy) at end of a month. Does it all regularly and is not over tired.

Flushes came on at once, slight, and are now passing away, she has headache for two days once a month, no indigestion and no cardiac neuroses.

Weight increased considerably and rather much for her height.

General health excellent, as always, except for definite illnesses. *mentioned above.*

Nervous and mental conditions excellent. She has a particularly hard life but is good tempered and cheery. Sleep very good.

She comes of fine country stock and looks the embodiment of sturdy health and vigour.

Supra-Vaginal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case ~~14~~ Age 29. Married. Three children.

Country housewife. Operation April 1904.

Patient had puerperal sepsis 7 years ago.

Complained of attacks of pelvic pain during past few months, of discharge of pus from vagina and from rectum, of menorrhagia.

Operation. Pus drained by vaginal incision, then abdominal incision made, uterus stripped from dense adhesions and removed supra-vaginally. Right tube and ovary formed a pus-containing cavity the size of a full-term foetal head. Left tube was occluded and left ovary cystic. Both appendages removed from dense adhesions and excised.

Light work done after two months, heavy work after four months, and ever since with complete ease. Flushes came on $1\frac{1}{2}$ years after operation, were slight, occurred only at monthly intervals, and are now less frequent.

Headaches of moderate severity came on one year after operation, at monthly intervals, and are now fewer. There have been no digestive troubles beyond slight occasional flatulence, no cardiac neuroses, and sleep has been excellent.

Weight has increased considerably and is now about 11st. which is excessive. Nerves have been steady and there have been no fits of depression. Says

she is always bright and cheerful.

A particularly sturdy, high-coloured, healthy woman, full of energy and spirit. It would scarcely be possible to see a woman looking healthier or happier.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Inflammatory Conditions.

Case /5 Age 29. Married. No children.

Town housewife. Operation October 1906.

Complained of pain in left side since miscarriage 8 years previously, of offensive vaginal discharge during same length of time, of menorrhagia, of dysmenorrhoea, of dysuria. Was an exceedingly neurotic and delicate woman of low vitality.

Operation. Removal of thickened, catarrhal and polypoid uterus, of two hydrosalpinges and of both ovaries.

Light work was taken up 3 months after operation, and nothing further has since been done, as patient is comfortably off. Health is said to be "much better than for years before the operation" but is still poor.

Flushes, two or three daily, rather severe, came on at once and are increasingly severe. Headache is almost constant, flatulence and constipation are extremely distressing, and palpitations are severe. Sleep is poor.

Weight has increased from 5st. to about 8st.

Nerves are "much better than they were" but are still very readily upset. Mental condition is unsatisfactory, patient "looks on the black side of everything" but says she is improving in this respect since

operation. Had had a good deal of depression for several years before operation.

Marital relations are unsatisfactory and patient contemplates leaving her husband.

A comfortably-off middle-class woman, with an excellent husband and good home, but too much alone and unoccupied.

A frail, weary, sad-faced, neurotic type, self-centred and weak, but evidently in distinctly better mental condition than before operation.

Completion, by Abdominal Section, of Bilateral Oophorectomy, for Tubercular Condition.

Case 16 Age 25. Single. Engaged in housework. Operation December 1901.

1. In 1896 patient had one and a half ovaries removed "for tumour", at a neighbouring Hospital. Previous to this, menstruation had been at irregular intervals of two and three months, after this she menstruated regularly every 14 days, and had dysmenorrhoea and menorrhagia.
2. Six months later the same gynaecologist operated for hernia of the scar.

In 1901 she came to Dr Wilson, complaining of pelvic pain, of dysmenorrhoea, of dysuria.
3. Operation. Intestines found adherent to bladder and to pelvic walls, with cysts containing fluid among the adhesions, uterus densely adherent. Remains of right ovary and tube removed.
4. In 1902 Vaginal Hysterectomy was performed for relief of pain.
5. Six months later she returned to Hospital for operation for haemorrhoids.

When seen in January 1908 she was in very fair general health, doing comfortably the work of a five-roomed house, and a family of five.

She has prolapse of vaginal walls on severe straining, and for last six months has had some vaginal discharge.

Flushes came on 6 years after removal of remains of ovary, in attacks lasting about 6 weeks, during which there are several a day, and followed by free intervals of some weeks. They are very trying, but are now growing less frequent. Headaches, frequent and severe, followed a year after hysterectomy, and are now less troublesome; there have been no digestive or cardiac symptoms.

Weight increased and now normal.

Nerves are "rather" easily flurried". She was cheerful till a year ago, when the flushes came on, and since then has had fits of depression, which are not very serious.

She looks anaemic, rather delicate, inert, and ten years older than her age.

Abdominal Bilateral Oophorectomy for
Suppurative Conditions.

Case 17 Age 26. Married. One child.

French polisher. Operation December 1904.

Complained of prolapse of uterus, of pain in abdomen and back, of frequency of micturition, of leucorrhoea.

Was suffering from weak chest after severe pneumonia and from nephritis. Pessaries were useless.

Operation. Removal of inflamed and adherent tubes and ovaries.

Took up light work 7 weeks after operation, full factory work 6 months after, has struggled along since, often feeling unequal to her work from weariness and giddiness. Has never been well since child was born 7 years ago, when she had pneumonia which left a cough she still has. Has swollen cervical glands and is anaemic. Has constant leucorrhoea. Uterus now kept in place by pessary.

Flushes came on at once, several daily, lasting ten minutes, making her giddy. Less frequent now but equally severe. She has occasional headaches, flatulence troubles her some days, and she has occasional palpitations on exertion, and much dyspnoea.

Weight unchanged, a little heavy for her height. Nerves are steady; she stands the strain of the

factory well, but has fits of crying without cause when feeling unusually weak. These are becoming fewer, and on the whole she is cheerful. Sleep good.

She has an over-burdened unhealthy look. Her manner is quiet, her face serene and gentle.

Abdominal Bilateral Oophorectomy for
Haematocele.

Case *18* Age 26. Married. No children.
Town housewife. Operation May 1903.

Complained of pelvic pain, of pain in back, of dysmen-
orrhoea, of haemorrhage from vagina, constant during
past two months.

Operation. Removal of ~~left~~ ^{left} haematocele, of ^{left} tube and
ovary surrounded by dense old adhesions. Half the
ovary left. Removal of right hydrosalpinx, densely
adherent to ovary and to pelvis, and of right ovary.
Breaking down of adhesions between omentum and
abdominal wall.

Patient made a slow recovery, complicated by pneumonia,
and while still in Hospital had mental symptoms of
some severity which quickly cleared off. Took up
light work at end of six months, and now does most of
work of 8 roomed house and small family. There was
complete amenorrhoea for a year, and since then there
have been slight occasional losses, and 4 months ago
continuous loss for a fortnight.

Flushes came on 4 years after operation; slight and very
irregular and infrequent. There have been slight
headaches, no indigestion and no cardiac trouble.

Weight increased considerably and now normal.
Nerves are more irritable, but patient says she
"always was excitable". She was happy and normal
in mind till 4 years after operation (when flushes

began) and then, without assignable cause, had an attack of suicidal melancholia of moderate severity which entirely cleared off after a month's holiday among relatives. She has an excellent husband, a most comfortable home and no worries, and is now thoroughly happy again. She is alone many hours of every day and does not go out enough. Her father had an attack of suicidal melancholia, when she was a child, with complete recovery.

She seems now a thoroughly level-headed, active, happy woman. Face quiet, self-controlled and amiable, with no least suggestion of mental strain. Looks in good physical health.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case *19* Age 26. Married. Two children, after
difficult labours. Town housewife.

Operation February 1904.

Complained of severe menorrhagia and of a tumour
reaching half-way to umbilicus.

Operation. Presented no ~~normal~~ ^{abnormal} features.

Removal of uterus containing large fibroma, and of
both sets of appendages.

Took up light work 6 weeks, and full housework 3
months, after operation; goes out scrubbing; keeps
pigs and fowls, and does a great deal of work of
all kinds, and "thinks nothing of walking 8 miles"
in addition to day's work.

Slight flushes came on at once, caused no trouble,
and are now passing off; she has had no headache, no
indigestion, no cardiac trouble. Sleep is excellent.

Weight increased considerably and now above normal.

Nerves have given no trouble, she says she is always
merry and contented, and thoroughly enjoys her life.

Marital relations unaffected and satisfactory.

A remarkably sturdy, healthy little woman of a hard
working and elementary stock, socially speaking.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 20 Age 29. Single. Dressmaker.

Operation February 1902.

Complained of severe dysmenorrhoea and menorrhagia
of seven years' duration. Was anaemic and delicate.

After Operation took up full work at end of three
months, and has since worked many hours a day, often
12 or more. Has had no holiday for 3 years; says
she gets rather tired, but is equal to her work, &
much stronger for her operation.

Slight flushes came on at once, never stopped her work,
never made her faint. None now.

Headaches only when worried by business, which
happens most weeks. No indigestion, no cardiac
trouble. Weight slightly lessened. Now 5 st. 11 lbs.

A very short slender woman.

Nerves. Always a nervous girl, but no complaint on
this score since operation. Has had no fits of
depression, but has been uniformly cheerful and con-
tent. Mother went to Asylum a few months ago with
climacteric insanity, and patient has come bravely
and steadily through this trouble.

Does not seem overstrained by hard life, though an
excessively fragile-looking woman. Face placid,
cheerful, intelligent. Colour fairly good.

Friends say "she is a miracle".

Supra-Vaginal Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 21 Age 29. Married but separated from
husband. No children. Housewife.

Operation July 1906.

Complained of general ill-health, of presence of
lower abdominal tumour extending mid-way to umbil-
icus, of peripheral neuritis.

Operation. Removal of uterus containing heavy
fibroma, size of football, partly degenerated and
cystic; of both tubes, of two enlarged ovaries,
one fibroid.

Patient says operation gave her a new start and made
her quite a different woman.

Took up light work 5 weeks, and full ordinary work
8 weeks, after operation. Is mistress of small
middle-class house and family of three, does a great
deal of the work herself and does it easily. Says
she has never been so well in her life as since the
operation, and has nothing whatever to trouble her.
She has had no flushes, no headaches, no indigestion,
and only slight palpitations for a short time after
operation.

Weight has increased greatly and is now excessive.
Breasts in particular have developed far beyond normal
size.

Nerves steadied rapidly after operation and have since shown no sign of strain.

Peripheral neuritis cleared off entirely after operation.

She had a little slight depression for two months after operation, but has since been very cheerful.

Has a good home with own people, and is contented and happy.

Her mother says she is "just her old happy self again, always merry and busy".

She looks younger than her years, a tall, broad, strongly-built woman, thoroughly healthy, full of life and energy, and with a very gay and unconcerned expression.

Total Abdominal Hysterectomy and Bilateral
 Oophorectomy for *Haematometra*
~~Haematocoele~~.

Case 22 Age 21 the day before operation. Single.

Factory worker. Operation May 1903.

Complained of recurrent attacks of severe pelvic pain each of one or two weeks' duration; of complete amenorrhoea. The vulva was normally developed.

There was an opaque discharge from urethra and vagina.

Operation. Wide-spread adhesions were found binding together intestines, bladder, uterus and tubes.

There was atresia of the internal os, and a haematometra of small size. The uterus was removed together with hard nodular tubes and both ovaries.

Took up full work at factory within about 6 weeks of operation, and has been steadily at it since; in excellent health.

Flushes, almost unnoticeable, came on at once, and are still occasional. She has had no headache beyond that caused sometimes by eye-strain over special work, no form of digestive or cardiac neuroses. Sleep has been very good.

Weight unchanged and normal.

Nerves have been entirely free from strain throughout, she has had no fits of depression, no mental disturbance of any kind, but has been uniformly cheerful.

A finely-built, sturdy girl, a picture of health and strength. Expression intelligent and very cheerful.

Manner quiet, self-controlled and amiable. Expresses herself as very well content with life. Looks much younger than her age.

Bilateral Oophorectomy for Dysmenorrhoea.

Case 23 Age 21. Single. Domestic servant.

Operation April 1900.

Complained of severe dysmenorrhoea from age of 14, getting worse from 19, keeping her in bed several days each month, and latterly leaving her so weak as to be unable to work between periods.

Had a double uterus, and vagina double in its ~~3~~ upper half. Menstruation occurred in both halves of uterus.

Operation. Removal of normal tubes and ovaries.

Took up light work at end of two months, full work at end of a few months; has been in her present very heavy situation for $3\frac{1}{2}$ years, and is equal to her work. Health much improved and on the whole good, but colds rather frequent lately, and a general sensation of feeling cold.

Flushes, slight and frequent, came on at once; now occur only in Summer. She has very bad vertical headaches lasting all day, every week or two, and these are of increasing frequency. No flatulence but rather frequent attacks of acute gastritis; no palpitations, though she had them before operation. Weight unchanged and normal.

Nerves give some trouble when she is extra busy. She feels "rushed and put out", and is apt to be irritable with children, and does not like sudden noises. She has fits of crying every few weeks

(generally when at home for the evening) without assignable cause, and there has been no improvement in this respect during the seven years. Her mother says she was always moody and depressed from childhood. She has never regretted her operation. She is a broad, well-made girl, with a rather pale and puffy face. Her expression is intelligent and cheerful, her manner quiet and normal, and she strikes one as a sensible girl. The nerve disturbance cannot amount to much or she could not keep her situations so long.

Abdominal Hysterectomy and Bilateral
Oophorectomy for Dysmenorrhoea.

Case 24 Age 28. Married. No children.

Town housewife. Operation January 1904.

Complained of severe dysmenorrhoea from marriage at 19, 9 years previously. Had been under treatment by various gynaecologists almost continuously for the 9 years, and had not improved. Was in bed a week out of each month.

Operation. Removal of small and congested uterus and of both tubes and ovaries.

Took up light work 5 weeks after operation, full work of six-roomed house three months after. Does it all well and easily, takes in sewing, cycles long distances, has several times cycled 113 miles in two consecutive days, feels well and strong except for winter cough following post-operative pulmonary embolism.

Flushes came on at once and were rather severe, but are now clearing off. She usually has a headache a week though she had none before operation. She has a good deal of flatulence, but only occasional slight palpitations.

Weight increased and now normal.

Nerves have given no trouble beyond a little sense of worry when work is unusually heavy. She is alone all day, but never feels dull; has no fits of depression, but is cheerful almost invariably. Marital relations unaffected and satisfactory.

She looks a thoroughly healthy, happy, normal woman, much younger than her years. Her manner is quiet and self-controlled. She is very glad she had her operation done.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Dysmenorrhoea.

Case 25 Age 29. Married. Country housewife.

Operation March 1900.

Complained of acute dysmenorrhoea from age of 14, worse after birth of child (dead) at 25, one year after marriage, unrelieved by dilatation; of menorrhagia, of increasing feebleness, of much abdominal pain.

Was a very thin frail little woman, weighing between 5 and 6 stone, and only 4ft. 9in. in height, but properly proportioned.

Operation. Removal of uterus and of well developed tubes and ovaries.

Took up light work about two months after operation, full housework at end of a year; was for five years caretaker in very busy offices, and has now a small farm. Does the housework, makes butter, lets lodgings, is at it from 5-0a.m. to 10-0 p.m., and is thoroughly equal to it. General health excellent, such as she had never known in her life before. Says she is "simply a new woman" and revels in her power to work.

Flushes occurred for a few days once a month for about 3 years, and were rather severe and suffocating, then gradually ceased, and stopped entirely some years

ago. She has had very rare "bilious" headaches, no digestive or cardiac neuroses.

Weight has been gained, and may now be about 7 stone. Height 4ft. 9in. Breasts have developed a little since operation.

Nervous and mental conditions have been of the best. She is particularly cheerful and happy, with a very good husband, two adopted children and a comfortable income.

Marital intercourse ceased entirely, by mutual agreement, after birth of child 4 years before operation, and now 12 years ago. There has been no grievance on either side.

A very healthy, wiry, little woman, over-flowing with vivacity, energy and amiability, and thoroughly pleased with her life.

An attempt has been made to summarize the condition of patients in this series for comparison with those in the age-period next above. Such summaries are inevitably unsatisfactory, as tending to suggest a uniformity which does not exist.

The facts have been arranged under the headings of:-

1. Work done & general health and strength.
2. Menopause symptoms.
3. Nervous and psychological conditions.
4. Weight.

I. - Work done & general health.

	Excel- lent.	very good.	Good.	Fair.	Poor.	Total.
Bilateral Oophorectomy.	6.	12.	3.	3.	1.	25.
25 Cases.	24%	48%	12%	12%	4%	
Ages 21 to 30.	72%					

If the excellent and very good cases be taken together 72% fall into this class and this is a higher percentage than is found at any later age-period, but the number in this age-period being smaller than in succeeding ones, less value attaches to the statistics as to percentages.

II. MENOPAUSE SYMPTOMS.

	None.	Very slight.	Slight.	Moderate.	Severe.	Total.
Bilateral Oophorectomy.	1.	10.	3.	6.	5.	25.
25 Cases.	4%	40%	12%	24%	20%	
Ages 20 to 30.	44%					

Taking together the one case in which there were no symptoms and those in which there were very slight symptoms, there is a percentage of 44 for this class in which the operation was followed by little disturbance of the kind commonly associated with the Menopause. This is a better record than is found at later age-periods.

III. NERVOUS & PSYCHICAL CONDITIONS.

	Excellent.	Very good.	Good.	Fair.	Poor.	Total.
Bilateral Oophorectomy.	9.	5.	4.	2.	5.	25.
25 Cases.	36%	20%	16%	8%	20%	
Ages 20 to 30.	56%					

If the excellent and very good cases be taken together 56% fall into this class, a higher percentage than is found at later age-periods.

IV. WEIGHT.

Increased in19 cases.
 Unchanged in 5 "
 Decreased in 1 "

There is a marked difference between the foregoing young patients and older women as to the severity of menopause symptoms, these having been lighter at these ages of 21 to 30 than they were at other age-periods. In some cases they were scarcely noticeable and in very few were they spoken of as a serious trouble.

Of the four common symptoms, - flushes, headaches, indigestion and palpitations - headache seems to have caused the most distress.

Another point noticed is the rapidity with which good general health was regained by these patients as compared with older women. The general level of health and strength among these cases is high and many of them say they are now enjoying the best health of their adult lives.

Cases - 3, 4, 7, 10, 15 & 17. have a poor record, but in each case there is some factor complicating the position.

Case 3. is badly anaemic, and is working at an unhealthy trade in a factory.

Case 4. has had, and is still suffering from, a menopause extending over 8 years.

Case 5. has had - for the 11 years since operation - a painful and intractable condition of carunculoid vulva.

Case 10. is one of the most serious cases of almost constant depression in the whole series of 117.

She is a middle-class woman with less to do than the majority of the patients.

Case 15. was in a condition suggesting lateral sclerosis when she came for operation, and though still extremely fragile and neurotic is greatly better than she then was.

Case 18. is one of unusual interest, one of the total four cases of mental derangement following operation.

It has been seenⁿ that the fact of having half an ovary left did not save her from this, and it has also been seen that there was an inherited tendency to insanity. The menopause symptoms and the mental trouble came on together 4 years after operation & both quickly cleared off.

Case 20. is one in which, in spite of inherited tendency to insanity, as shown by the mother having since the patient's operation developed climacteric insanity, the patient has been perfectly free from any nervous or mental disturbances, and that, in spite of, a very fragile constitution and an excessively hard life.

With the exception of the cases particularized above, there has been very little of nerve

strain or of depression, and speaking generally, this age-class contains a larger proportion of women now in markedly robust health and strength than any other.

Marital relations are unaffected and entirely satisfactory in all but case 15.

As far as can be observed in the very limited opportunities of an hour or two, there is nothing abnormal either in the physical appearance, the manners, or the outlook on life of these patients in whom bilateral oophorectomy has been performed at dates varying from one to ten years ago. They make the impression of quite ordinary women of their age and social class, with all the common interests and enjoyments of life, and as a rule they express themselves as thoroughly content with their lot and often as rejoicing in their present good health.

In cases 21. & 25. there has been marked hypertrophy of breasts since operation.

In all cases of hysterectomy for dysmenorrhoea special enquiry has been made as to whether the operation has been regretted, but in each case this has been emphatically denied, and some of the healthiest, brightest and most useful women interviewed have been patients of this class. On the other hand, one case, a private one, not seen by the

investigator, seems little better for the operation. She was markedly neurasthenic before operation.

Another case in which special and repeated efforts to secure an interview or an account from the doctor in charge failed, is known to be doing very badly about two years after operation.

AGES 30 to 40 Years - 50 Cases.I. Hysterectomy & Bilateral Oophorectomy - 30 cases.(a). For fibroma of Uterus - 15 Cases.

NUMBER.	AGE.	OPERATION.	DISEASE.
26.	30.	Tot. abd. hyst. & bilat. oophorect. 1904. Small portion of one Ovary left.	Cystic fibroma.
27.	31.	Tot. abd. hyst. and bilat. oophorect. 1903.	Fibroma.
28.	32.	Supra-Vag. hyst. and bilat. oophorect. 1901.	Fibroma & 3 mths' pregnancy.
29.	33.	Tot. abd. hyst. and bilat. oophorect. 1903.	Fibroma.
30.	33.	Tot. abd. hyst. and bilat. oophorect. 1904.	Fibroma.
31.	34.	Tot. abd. hyst. and excision of remains of an ovary. 1903.	Fibroma.
32.	36.	Tot. abd. hyst. and bilat. oophorect. 1901.	Fibroma & cystic ovaries.
33.	37.	Tot. abd. hyst. and bilat. oophorect. 1903.	Fibroma.
34.	37.	Supra-Vag. hyst. and bilat. oophorect. 1903.	Fibroma.
35.	37.	Tot. abd. hyst. and bilat. oophorect. 1901.	Fibroma.
36.	38.	Tot. abd. hyst. and bilat. oophorect. 1901.	Fibroma.
37.	38.	Supra-Vag. hyst. and bilat. oophorect. 1900.	Fibroma.
38.	39.	Tot. abd. hyst. and bilat. oophorect. 1900.	Fibroma.

NUMBER.	AGE.	OPERATION.	DISEASE.
39.	39.	Tot. abd. hyst. and bilat. oophorect. 1904.	Fibroma and Cystic Ovary.
40.	39.	Tot. abd. hyst. and bilat. oophorect. 1904.	Fibroma.

(b). For inflammatory conditions - 13 cases.

41.	30.	Tot. abd. hyst. and bilat. oophorect. 1902.	Salpingitis.
42.	30.	Tot. abd. hyst. and bilat. oophorect. 1906.	Pyosalpinx.
43.	31.	Tot. abd. hyst. and bilat. oophorect. Jan. 1907.	Double. Pyosalpinx.
44.	31.	Supra-vag- hyst, bilat. oophorect. and appendicectomy. 1905.	Pyosalpinx.
45.	32.	Tot. abd. hyst. and bilat. oophorect. 1905.	Suppurating Ovary.
46.	32.	Tot. abd. hyst. and bilat. oophorect. 1905.	Double Hydrosalpinx.
47.	35.	Tot. abd. hyst. and bilat. oophorect. 1905.	Salpingitis.
48.	35.	Tot. abd. hyst. and bilat. oophorect. 1906.	Pyosalpinx.
49.	36.	Tot. abd. hyst. and bilat. oophorect. 1905.	Suppurating Ovary.
50.	37.	Tot. abd. hyst. and bilat. oophorect. 1896.	Pyosalpinx.
51.	38.	Supra-Vag. hyst. and bilat. oophorect. 1906.	Pyosalpinx & tubercular Salpingitis.
52.	38.	Vag. hysterectomy and bilat. oophorect. 1906.	Metritis.
53.	39.	Supra-Vag. hyst. and bilat. oophorect. 1904.	Haematocele.

(C). For Dysmenorrhoea - 2 Cases.

NUMBER.	AGE.	OPERATION.	DISEASE.
54.	32.	Tot. abd. hyst. and bilat. oophorect. 1902.	Dysmenorrhoea.
55.	32.	Tot. abd. hyst. and bilat. oophorect. 1903.	Dysmenorrhoea.

II. BILATERAL OOPHORECTOMY ALONE - 5 CASES.(a). For inflammatory conditions - 4 cases.

56.	30.	Bilat. oophorectomy.	L. Pyosalpinx. R. Salpingitis.
57.	30.	Bilat. oophorect.	L. Suppurating Ovary. R. Salpingitis.
58.	30.	Bilat. oophorect.	Double Hydrosalpinx.
59.	32.	Bilat. Oophorect. and Appendicectomy.	R. Pyosalpinx. L. Salpingitis.

(b). For second tubal Gestation.

60.	35.	Excision of remaining appendages.	Ruptured tubal Gestation.
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III. HYSTERECTOMY & UNILATERAL OOPHORECTOMY - 8
(Cases.)(a). For fibroma of uterus - 7 cases.

61.	35.	Tot. abd. hyst. and Unilat.oophorect.	Fibroma.
62.	35.	Vag. hyst. and Unilat.oophorect.	Fibroma.

NUMBER.	AGE.	OPERATION.	DISEASE.
63.	36.	Vag. hyst. and Unilat, oophorect.	Fibroma.
64.	37.	Vag. hyst. and Unilat. oophorect.	Fibroma.
65.	37.	Vag. hyst. and Unilat. oophorect.	Fibroma.
66.	38.	Tot. abd. hyst. & Unilat. oophorect.	Fibroma.
67.	39.	Tot. abd. hyst. and Unilat. oophorect.	Fibroma.

(b). For Dysmenorrhoea - 1 Case.

68.	31.	Tot. abd. hyst. and Bilat. oophorect.	Dysmenorrhoea.
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IV. HYSTERECTOMY ALONE - 7 CASES.

(a). For fibroma of Uterus - 5 Cases.

69.	30.	Supra-Vag. hyst.	Fibroma.
70.	32.	Vag. hyst.	Fibroma.
71.	37.	Vag. hyst.	Fibroma & Ruptured Uterus.
72.	37.	Supra-Vag. hyst.	Fibroma.
73.	38.	Vag. hyst.	Fibroma.

(b). For Inflammatory Conditions - 2 Cases.

74.	32.	Vag. hyst.	Metritis.
75.	34.	Vag. hyst.	Pyometra.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 26 Age 30. Single. Engaged in housework and dressmaking. Operation February 1904.

Complained of severe pain in the back, of extreme menorrhagia, of intermenstrual leucorrhoea, all of about one year's duration.

Operation. Removal of a tumour, partly cystic, extending to umbilicus, and of both sets of appendages with the exception of a small portion of the left ovary.

Took up light housework a fortnight after leaving Hospital, full housework and dressmaking at end of a year, since which time she has worked extremely hard, from 7-0a.m. to 11-Op.m. Says she was always a delicate girl and woman, but is now very well indeed, does her work with ease, and can cycle 40 miles in a day. Says "Never so well in my life, Life was scarcely worth living before and now there is nothing to complain of".

Flushes came on at once, twenty a day, not severe, now much less frequent.

Headaches very few compared with pre-operation time.

No indigestion, no cardiac neuroses. Weight has increased from 8st. to about 12st. Has had no nerve strain and no depression.

A very healthy, contented and cheerful woman, looking much younger than her years.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case 27 Age 31. Single. Domestic Servant.

Operation May 1903.

Complained of leucorrhoea and of presence of a large lower abdominal tumour.

Operation. Removal of fibroid uterus with one fibroma the size of a cricket ball, and of both tubes and ovaries.

Took up light work within a month of operation, full housework in 6 months, and has since done a great deal without undue effort.

Health is much better than for years before operation, patient describes herself as "quite a new woman" and cannot sufficiently rejoice in the results of the operation.

She had very slight and infrequent flushes, few headaches as compared with former life, no digestive or cardiac neuroses.

Weight unchanged and normal.

Nerves have been quiet and steady as a rule, but are sometimes a little irritable. She had some slight depression during first two years after operation, which may have been partly due to a severe bereavement.

Her mistress says her temper has been equable, and she has been cheerful and amiable.

An anaemic and delicate-looking woman of a nervous

type, looking older than her age by about ^{ten}~~two~~ years,
active, contented, and capable.

77

Supra-Vaginal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 28 Age 32. Married. No Children. Housewife.

Operation February 1901.

Complained of incapacitating pain in lower abdomen of 5 weeks' duration. Had always suffered from menorrhagia and dysmenorrhoea until three months ago, when amenorrhoea set in. Uterine contractions were seen and breasts found enlarged. Patient was spare and anaemic.

Operation. Removal of uterus containing a three months' foetus and enlarged by a solid, red, lobulated fibroma, enclosing a cyst with dark contents; and of both ovaries and tubes. Weight 1 $\frac{3}{4}$ lbs.

Took up light work 6 weeks after operation, full work of five-roomed house and small family five months after, and has done it comfortably since. Has had coughs and colds every spring since operation, but on the whole has pretty fair health, as good as during years before illness.

Flushes began at once, about one daily, and have kept this frequency since. They now make her feel worse than formerly. She had flatulence and palpitations during early years after operation, but has neither now, and headaches are infrequent. Weight rather small. Makes no complaint as to nerves but says she has times of depression when suffering from colds, though as a rule she is cheerful. Looks rather worn and delicate, but seems placid and cheerful.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 29 Age 33. Single. Hospital Nurse.

Operation May 1903.

Complained of menorrhagia, of very severe backache, of almost constant headache for several years, of sleeping badly, of anaemia.

Operation. Removal of multilobular fibroma weighing 1 $\frac{3}{4}$ lbs, and of both ovaries and tubes.

Patient took a three months' holiday, during which she walked a great deal. Then took up full nursing work, and has been hard at it ever since without strain.

Flushes were "rather severe and rather frequent" for first year, with sense of suffocation; then gradually ceased, and never occur now.

Headaches very seldom, no digestive troubles, no cardiac troubles.

Weight increased from about 9st. to about 11 st., and is now gradually lessening.

Nerves. Had at one time "a nervous throat", was a little irritable at times, and had occasional slight attacks of depression just at first, but is now nearly always cheerful.

This patient was not seen as she was nursing more than 100 miles away from Birmingham.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 30 Age 33. Married. No children. Housewife.
Operation January 1904.

Complained of constant pain in left iliac region
and of frequency of micturition. Had prolapsus
ani and an opaque urethral discharge.

Operation. Removal of uterus containing fibroma
the size of a cricket ball, and of both sets of
appendages, both densely adherent, and one
containing a large cyst.

Took up light work in a few weeks, and almost full
housework at end of four months, but still finds
heavy work difficult.

Has had frequent attacks of pelvic pain, one every
few weeks, since operation, lasting several days,
and followed by much vaginal discharge. Has
considerable dyspareunia.

Flushes, headaches, indigestion, and palpitations,
are all described as of much severity, but her
healthy appearance and contented expression cast
a little doubt on her statements.

Weight greatly increased, and too great now.

Nerves "jumpy". Fancies she "sees things when alone".

Is a little irritable, but has no depression beyond
slight occasional attacks, and is usually considered
very cheerful.

Appearance that of a healthy contented unstrained woman of the uneducated rather rough class.

Looks ten years older than her years.

Total Abdominal Hysterectomy and
Excision of remains of one ovary for Fibroma.

Case 3/ Age 34. Single. Middle-class woman. Shop-keeper. Operation May 1903.

Complained of menorrhagia between ages of 12 and 16, of dysmenorrhoea from 16 to 27 years, of menorrhagia after that age, of rectal abscess some time previously. Five years before being seen by Dr Wilson patient had had one ovary and most of the other removed for menorrhagia. After this operation menstruation had occurred regularly for three years, flushes had been very bad, with faintness and palpitations, and she had grown stouter.

In 1903 a large tumour was found and patient was in rather poor health, but not anaemic.

Operation. Removal of fibroid uterus, adherent to omentum, and of small remains of left ovary.

Weight 5 lbs. 9 ozs.

Within six months patient took up full work in her shop, and has done it ever since with ease, is on her feet ten to twelve hours daily and complains only of rather frequent pain in bottom of back. General health very good indeed.

Flushes slight, have occurred ever since the operation, several daily at first, now infrequent.

No headaches, no indigestion, no cardiac neuroses.
Weight unchanged. A slender woman.

Nerves have given no trouble; she has had no fits of depression, but has been cheerful throughout.

Looks thoroughly healthy, a particularly vivacious, active, well-balanced woman, with a happy expression. Greatly delighted with the results of operation.

11

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 32 Age 36. Single. Medical Nurse.

Operation March 1901.

Complained of alternating periods of menorrhagia and of amenorrhoea extending over some years; of dysmenorrhoea; of intermenstrual pain; of frequency of micturition, and of some incontinence of urine; of a lower abdominal tumour of one year's growth.

Operation. Removal of a mass of fibromata and of hypertrophied and cystic ovaries. Weight $2\frac{1}{4}$ lbs.

Patient married two years after operation, marital relations are entirely satisfactory; she has never been really strong, but is equal to the work of a small middle-class house.

Flushes came on at once, of moderate severity, several a day, are now infrequent. Headaches severe, once a month for several years, are now occurring once in ten days. No indigestion, no flatulence. Palpitations and dyspnoea followed operation, but have now cleared off.

Weight lost and patient now too thin.

Nerves were irritable for some time, and she still cannot go happily into a crowded building. She is usually cheerful, but has fits of causeless depression, with her headaches only.

Looks a delicate woman, of a dainty and fragile

78

type, who has never been robust, a refined self-controlled woman of the middle class.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 33 Age 37. Single. Factory worker.

Operation June 1903.

Complained of pain in lower abdomen and back of two years' duration, of a tumour noticed a few months previously.

Operation. Removal of a mass of fibromata weighing 4 lbs. and of both ovaries and tubes. Took up full factory work, ten hours a day, three months after leaving Hospital, and has done it ever since. Says she has had the best health of her life, and has nothing to complain of.

Flushes came on directly after operation, were numerous and sometimes in rapid succession, making her feel suffocated and voiceless. Now only once or twice a week.

Headaches occur about once a week, as before operation.

A certain amount of occasional dyspepsia and of flatulence occurs, together with constipation. No palpitations. Weight unaltered. Normal.

Has had no nervous trouble, no attacks of depression apart from those due to "money being very short" sometimes, says her temper is even, and that she is cheerful and thoroughly happy.

Looks rather thin and weary, but seems energetic and healthy in mind and body.

Supra-Vaginal Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 34 Age 37. Single. Engaged in teaching and in parish work. Operation November 1903.

Complained of dysmenorrhoea of increasing severity, of attacks of pelvic pain, of presence of a pelvic tumour.

Operation. Removal of body of uterus, with pedunculated red fibroma, densely adherent; of cystic tumour containing 8 ozs. of fluid; of two thickened tubes; of both ovaries, one enlarged.

Patient, a private case, was not interviewed

She writes :-

Took up ordinary busy life as governess and clergyman's daughter in country parish at end of a few months, is "really very well", enjoying her work and walking 4 miles a day.

"Bad flushes, a good many a day" came on at once, but are now rare. She has had no headache, but "some flatulence" and palpitations "rather badly"

Weight increased to 15 st. Height 6ft.2 in.

Had "very bad attacks of depression for some time, morbidly apprehensive as to health" but was able to shake these off as she grew stronger. Has been "more irritable since operation".

She writes a cheery letter, and sounds happy and full of activity.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 35 Age 37, Single. Middle class woman of no definite occupation. Operation September 1901. Complained of menorrhagia of three years' duration, of constant leucorrhoea, of frequent micturition, of a lower abdominal tumour seen for the first time two months previously.

Operation. Removal of tumour reaching to umbilicus, and of both sets of appendages. Patient has lived her ordinary life since six weeks after leaving Hospital, doing a little light housework. Says that whereas she was in a miserable state before operation and did not care whether she lived or died, she has since had the best of health in every way.

Slight flushes came on a few months after operation, and ceased several years ago. No headaches, no indigestion, no palpitations. Weight increased considerably, now about 11 stone, which is too much for her height.

Nervous and mental conditions excellent ever since operation, no complaint of any kind.

A stout, florid, prosperous looking woman, appearing ten years younger than her age; face placid and cheerful, and looking as though she had never known illness.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 36 Age 38. Married. No children. Housewife.
Operation July 1901.

Complained of menorrhagia, of intermenstrual
leucorrhoea, of retention of urine, of a tumour first
noticed six months previously, in lower abdomen.
Was anaemic and thin.

Operation. Tumour was a firm elastic mass moulded
to pelvis, consisting of numerous fibromata, and
nearly as large as a full-time foetal head. Omentum
was adherent to its surface. Tumour and both sets
of appendages removed easily.

Took up light work the day after leaving Hospital,
full housework after six months; has done it with
ease ever since, and can walk six miles after a day's
work. Says her health is better than for years
before operation; her husband thinks better than
ever in her life.

Flushes came on at once, never seriously troubled
her, and now occur only about once a week. No
headaches, no indigestion in any form, no cardiac
neuroses at any time since operation, though much
palpitation previously.

Weight increased, and now normal.

Nerves have given no trouble except that when very
tired noises rather annoy her. As a rule is serene
and bright, but had occasional fits of unreasonable

crying soon after operation.

Looks a very healthy, contented and cheerful woman of a fine type.

Supra-Vaginal Hysterectomy and Bilateral Oophorectomy for Fibroma.

Miss [unclear]

Case 37 Age 38. Married. No children. Several miscarriages. Housewife. Operation August 1900.

Complained of menorrhagia and dysmenorrhoea of several years' duration, of much sharp intermenstrual abdominal pain, of the presence of a pelvic tumour. Was sallow, anaemic and thin.

Operation. Removal of uterus containing about 20 fibromata, mass weighing 3 1/2 lbs. and of both ovaries and tubes.

Says "Life was not worth living for years before operation. I was always a poor creature from marriage at 18 till my operation at 38; now I can do all my work easily, and have nothing to complain of".

Does the work of a five-roomed house and small family, and acts as barmaid every night. Took up full work two months after operation.

Flushes came on at once, several daily, made her feel faint in earlier years; are equally frequent now, but cause no trouble. Headaches, which ~~have~~^{had} been very severe, cleared off after operation, and she has had no digestive or cardiac troubles, though the latter were previously severe. Sleep very good.

Weight unchanged. Normal.

No nerve strain and no depression since operation.

Looks thoroughly healthy in mind and body, an active,

vivacious and contented woman, who says the operation cleared away all her troubles.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case 38 Age 39. Married. One child.

Middle-class woman. Operation September 1900.

Complained of menorrhagia since marriage 3 years previously, of constant uterine haemorrhage since birth of child 2 months ago. Was anaemic.

Operation. Removal of uterus with two inflamed fibromata measuring respectively in longest axis $4\frac{1}{2}$ " and $2\frac{1}{2}$ " of right ovary enlarged four-fold, of right tube; of normal left tube and ovary.

Patient, a private case, was not interviewed.

She writes :-

Took up light work after two months, ordinary life after six months, and can now do as much as ever she could when in the best of health.

Flushes came on after a year, not severe as a rule, several daily, gradually ceased after 3 years from operation. She has had no headaches attributable to operation, no increase of slight habitual flatulence, no palpitations.

Weight unchanged, 9st.8lbs. Height 5ft.3in.

Nerves are easily upset by trivial causes, and this is in marked contrast to previous life, but patient has had no fits of depression, and is always very cheerful.

87

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case 39 Age 39. Single. No definite occupation.
Middle-class woman. Operation February 1904.

Complained of lower abdominal pain of increasing severity. Had a tumour extending two thirds of the way to the umbilicus.

Operation. Removal of uterus containing four fibromata, of left tube and cystic left ovary, of right tube and enlarged right ovary.

Patient, a private case, was not interviewed, and questions sent to her were very vaguely and incompletely answered. Replies state :-

That she had never done any work, even light work, but that she "took up her ordinary life" in about a month, and "can now do as much work and walking as she did before operation". General health is said to be "much improved" (Her doctor appears to have written the answers)

She has had no flushes, no headaches, no cardiac neuroses, but has had a little flatulence. Sleep improved since operation.

Nerves are "altogether improved", cheerfulness is "much improved" there has been no depression except during convalescence, and irritability of temper has greatly decreased.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 40 Age 39. Single. Engaged in housework.

Operation June 1904.

Complained of menorrhagia, of dysmenorrhoea, of feeling weak and ill, of haemorrhoids. Was very thin and anaemic. Had been delicate from babyhood, was always unbalanced mentally, subject to violent fits of temper, "hysterical" and self-centred. Sister could give no family history of neuroses or mental trouble.

Operation. Removal of a fibroid mass weighing 2 $\frac{3}{4}$ lbs. and of both tubes and ovaries. For a year patient was greatly improved in health, then a period of alternating attacks of violent temper and of depression came on, family feared she was becoming insane, and so did patient herself. These attacks have lessened in severity and in frequency, and sister finds her much better in this respect than before operation. Patient says she feels "more natural", that her "nerves are more even", that she "can do more" than ever in her life. As a rule she is cheerful, and intervals of several months now elapse between "hysterical attacks".

Flushes came on at end of six months, several daily, causing faintness. Now less frequent.

Headaches are more frequent than before, seem to be

associated with bad pharyngitis, suppurative ethmoiditis, and suppuration of scalp.

Occasional flatulence, not severe.

No cardiac neuroses beyond "a little pricking" when excited.

Has been under care of dermatologist for a year or two, with multiple boils and with lichen planus.

Looks physically well, seems energetic and cheerful, is decidedly neurotic and self-centred. Has a most comfortable home with very capable sister.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Suppurative Conditions.

Case 41 Age 30. Married. Two children. Housewife. Operation March 1902.

Complained of severe menorrhagia, of leucorrhoea, of pelvic discomfort.

Uterus was enlarged, retroverted and adherent.

Operation. Removal of uterus densely adherent to intestines and omentum; of tubes, enlarged, nodular, and densely adherent; of ovaries.

Patient, a private case, was not interviewed.

She writes :-

Took up light work two weeks and ordinary work four weeks after leaving Hospital, and can do quite well any household work except heavy lifting. Has been in very much better general health since operation, and makes no complaint. Says she is "a very different creature" and able to do a great deal.

She has had no flushes, no headaches "worth mentioning", no digestive or cardiac symptoms.

Weight increased and now normal.

Says she "has no nerves", has had no fits of depression, is always cheerful, but that her family think her worse tempered than before operation.

She has had two severe attacks of epistaxis since operation.

She writes a very cheerful letter.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 42 Age 30. Married. Two children.
Country housewife. Operation January 1906.

Complained of offensive vaginal discharge since posterior vaginal incision 15 months ago at another Hospital, of severe pelvic pain.

Operation. Posterior vaginal incision and drainage for 3 weeks, then abdominal section and removal of polypoid uterus, of right inflamed appendages, of left pyosalpinx and left ovary.

Patient took up light work 5 months after operation, full work of four-roomed country cottage and small family at end of 10 months, and has since done it comfortably.

Flushes have occurred almost daily since operation, and have been rather bad. They are less frequent now.

Very severe headaches, frontal and vertical, lasting a whole day, accompanied by vomiting, occur once in ten days. She has had these all her life, but less often than since operation. Frequency now diminishing. No digestive or cardiac neuroses.

Weight unchanged. Patient is tall and thin.

Nerves more irritable than formerly.

Occasional slight depression since operation, but spirits good on the whole.

She still has pain in the sacrum and right hip after

standing all day, but this is improving.

A rather anaemic weary-looking woman but doing well on the whole.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 43 Age 31. Widow. No children. Housewife.
Operation January 1907.

Complained of lower abdominal pain, especially on walking, of mucous discharge from rectum.

Operation. Removal of uterus, of densely adherent right pyosalpinx and right cystic ovary, of left pyosalpinx and left ovary.

Patient, a private case was not interviewed.

She writes :-

Took up light work after 6 months, ordinary life after 12 months. Can now do "a moderate amount" and can walk 3 miles. General health is better than before operation and gradually improving, and the Doctor considers her "a marvellous ~~woman~~ success" though her strength is not yet up to normal.

Flushes came on after about 6 weeks, about twelve daily, not severe. Are now passing off. Headaches are infrequent as compared with previous life. There is occasional flatulence, occasional palpitations and dyspnoea on exertion.

Weight has increased decidedly and is now 10st. 9lbs.

Height 5ft. 5in.

Nerves are more irritable, but cheerfulness is the rule; there has been little depression, and no change for the worse in temper.

Supra-Vaginal Hysterectomy, Bilateral
Oophorectomy and appendicectomy for Suppurative
Conditions.

Case ~~44~~ Age 31. Married. No children.

Country housewife. Operation May 1905.

Complained of left-sided lower abdominal pain of five years' duration. A year ago this became acute, and she was in a London Hospital 15 weeks for drainage of pelvic abscess. After this the pain continued, less severe, there was constant leucorrhoea and dysuria.

Operation. Removal of uterus adherent to intestines, of a right pyosalpinx, of a thickened left tube, of both ovaries and of adherent vermiform appendix. After leaving Hospital with scar healed, patient was in bed several months with "peritonitis" and discharging sinus.

Took up light work at end of 4 months, full work of small cottage at end of 18 months; has felt well for past year, and is in better health than for years before operation.

Has had no flushes, occasional headaches, but few compared with years before operation; no digestive or cardiac symptoms.

Weight unaltered. Patient is a thin, slight woman. Nervously, she says she is not quite so equal to strain and excitement as formerly, but that she has

had no depression beyond "a day in 6 months", that her temper is improved, and that she is much brighter than before operation, and usually cheerful.

Seems a healthy woman, living a normal life, active mentally and physically, and wearing a bright and happy expression.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Suppurative Conditions.

Case 45 Age 32. Married. One child. Town housewife. Operation September 1905.

Complained of severe pelvic pain, of profuse vaginal discharge, of dysuria.

Operation. Removal of uterus, of adherent and enlarged right tube and ovary, of left appendages containing large ovarian abscess.

Took up light work at end of 5 weeks from operation, full housework of four-roomed house at end of 9 months.

Says she was "never so well in her life as since operation"; had always suffered much from dysmenorrhoea and general debility, but has now nothing of which to complain.

She has had no flushes, no headaches, no palpitations, and no indigestion.

Weight unchanged and normal.

Nervous and mental conditions have been very good, she has had no depression and no irritability of temper, and is much pleased with herself.

She is a healthy, energetic woman, vivacious and cheerful, thoroughly content with her life.

97

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Inflammatory Conditions.

Case 46 Age 32. Single. Sewing-maid.

Operation May 1905.

In 1904 a Bartolin's cyst and also hemorrhoids were excised by another Surgeon.

In 1905 patient complained of pain in back and left side, of menorrhagia, of the growth of a tumour, of losing weight.

Operation. Removal of normal uterus; of two enormously distended hydrosalpinges, both extensively adherent, of both ovaries.

Patient was unfit for any work for $1\frac{1}{2}$ years, was in Hospital three months with suppurative nephritis which gradually cleared up, was in very poor general health until a few months ago, and is still feeble, but able to get her living again.

Flushes came on at once, but were not severe, and are now ceasing. Headaches occur almost daily, and a very bad one most weeks; she has had much epigastric pain, flatulence and constipation; has had palpitations and sharp pains about the heart.

Weight has been lost and she is now thin.

Mental condition has given great anxiety. Up to operation she was a very steady reserved independent girl, since then she has had grave suicidal tendencies, has said she was going out of her mind, and has begged to be locked up; has been greatly taken

up with her own condition, has had many attacks of violent "hysterics", and in the opinion of her mother, with whom she has lived alone the whole time, has really been insane.

Her paternal grandmother died in Asylum from climacteric insanity.

She has now been in service for some months, gets on with her fellow-servants and seems to be settling down to a normal life and fair health.

Her face is sensible and calm, her manner quiet and her nerves under control. She is thin and delicate looking and shows evidence of considerable recent strain.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 47 Age 35. Married. Country housewife.
Operation June 1905.

Operation. Removal of uterus and of inflamed
tubes and ovaries.

Took up light work a month after operation, heavy
work two months after. Has done a great deal ever
since, cleaning her own house and another, going
out charring, and working in other ways. Says she
has had the best health of her life, is never tired,
always feels energetic and well.

Flushes have occurred very occasionally and have been
slight. She has had no headache, no indigestion,
no cardiac neuroses.

Weight has increased a little and is now normal.
Nerves have been quite steady. She had a slight
occasional depression for a few months after operation,
but has since been extremely cheerful.
She looks a thoroughly healthy woman, in perfect
condition, physical and mental.

Total Abdominal Hysterectomy and Bilateral

* Oophorectomy for Suppurative Conditions.

Case 48 Age 35. Married. Housewife.

Operation July 1906.

Complained of pelvic pain, of symptoms resulting from recurrent attacks of cystitis, for which she had been previously a patient at Hospital.

Operation. Removal of retroverted and adherent uterus, of left pyosalpinx and left ovary, of right thickened tube and right ovary.

Patient, a private case, was not interviewed.

She writes :-

Took up light work at end of three months, full ordinary work at end of 15 months. Can now do a great deal of work, and can walk well. Is in much better health than for some years.

Flushes, several daily, severe, came on at once, and have subsided, but are still occasionally felt.

She has infrequent headaches, occasional flatulence, but no palpitations and no dyspnoea. Sleep is quite good, much better than before operation.

Nerves are easily startled, but were always irritable. She is cheerful on the whole, but has some depression, and is rather irritable at times.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 49 Age 36. Married. Seven children.
Town housewife. Operation October 1905.

Complained of severe pain in left hip and in the pelvis,
of intractable constipation, of dysuria, all dating
from birth of child 7 months ago.

Operation. Pelvic viscera found bound together by
dense adhesions with serous fluid and pus in loculi,
coils of small intestine, and pelvic colon thick and hard.
Uterus removed with adherent left tube and suppurat-
ing left ovary, and enlarged right tube and ovary.
Took up light work about 4 months, and full work of
six-roomed house and small family about 5 months
after operation, and has been in better health
since than at any time she can remember.

Flushes came on about 9 months after operation, several
daily, rather severe, and are now ceasing.

Headaches occur almost daily, are much worse at
intervals of about a month, when they are accompanied
by giddiness, which first appeared 9 months after
operation and is increasingly severe.

No indigestion till two weeks ago, then much
flatulence and gastric pain. Constipation still a
difficulty.

No cardiac neuroses.

Weight considerably increased but not excessive.

No nervous symptoms, no change in habitual good temper, no depression at any time.

Reputed a particularly cheery and helpful woman, now as formerly.

Looks healthy, active and contented.

Expression alert and cheerful.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 50 Age 37. Married. No children.

Miscarriages at 8 and 6 months. Caretaker at
Consulting Rooms. Operation May 1896.

In 1895 patient complained of dysuria, of severe
rectal pain, of menorrhagia, of dysmenorrhoea.

Operation. Densely adherent uterus removed,
together with right pyosalpinx and right ovary,
left inflamed tube and ovary, all densely bound in
adhesions involving rectum and sigmoid colon.

Took up light work after two months, full heavy
housework after three months, and has done it
steadily since, until health began to fail about a
year ago, having previously been good.

Flushes came on $1\frac{1}{2}$ years after operation, were never
severe and ceased in two years. She had no
headaches and no cardiac neuroses.

Digestion was poor before operation, and no worse
after. Weight increased considerably, and is now
excessive.

No nerve strain remembered, and no fits of depress-
ion. She is depressed now, owing to a recent
attack of influenza and to herself and her husband
both being out of work. She looks pale, worn and
worried, but seems to have been a capable, strong
and healthy woman. She looks ten years older than
her age.

Supra-Vaginal Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 57 Age 38. Married. Three children.

Wife of small publican. Operation January 1906.

Complained of being very ill in bed since miscarriage 4 months previously, of amenorrhoea during same period, of severe pelvic pain.

Operation. Removal of adherent left pyosalpinx and left cystic ovary, of thickened and tubercular right tube and ovary, of uterus.

Took up light work 3 months after operation, full housework of small public house 4 months after, has done it comfortably, considers herself in very good health.

Flushes, slight and infrequent, began about 1 $\frac{3}{4}$ years after operation and are now ceasing. Severe occipital headaches came on a few months ago. She has had no indigestion and no cardiac neuroses.

Weight much increased, now about 11st. which is excessive for her height.

There have been no nervous or mental symptoms, she has been invariably light-hearted and happy, and has shown no evidence of strain.

She looks anaemic, languid and unhealthy, is much shut up in very dark ill-ventilated rooms, but is particularly well fed.

Expression cheerful and easy-going.

Vaginal Hysterectomy and Bilateral
Oophorectomy for Metritis.

Case 52 Age 38. Married. Four children.

Middle-class housewife. Operation March 1906.

Complained of severe pelvic pain, of pain in sacrum,
of dysmenorrhoea, of menorrhagia, of periods at 14
days' intervals. Was thin, neuralgic and weak.
Both kidneys floating.

Operation. Removal of large heavy thick-walled uterus,
and of normal tubes and ovaries.

Patient was a private case, and not interviewed.

Letter gave the following -

Light work taken up after 6 months, ordinary life
after 12 months. Does most of the housework, cycles,
walks several miles untired.

Flushes occur several times daily, with faintness.
Now "not quite so bad". She has occasional head-
aches, with lessening frequency; some flatulence,
palpitation after slight cause, and "bad fainting
attacks". Weight unchanged.

General health "very much better" than before
operation.

Mental condition is cheerful, with some occasional
depression, but no irritability, and no deterioration
of temper.

Supra-Vaginal Abdominal Hysterectomy and
Bilateral Oophorectomy for Haematocele.

Case 53 Age 39. Married. No children.

Country housewife. Operation November 1904.

Complained of pelvic pain for 2 years, of dysmenorrhoea of increasing severity, of losing weight, of the presence of a lower abdominal tumour, of dysuria.

Has had rheumatic fever twice and "inflammation of bowels" several times.

Operation. Removal of body of uterus, adherent to intestines and surrounded by cysts showing recent pelvic peritonitis, one containing blood; of both tubes, and of two enlarged and adherent ovaries.

Patient went to Canada in April 1907 and writes from British Columbia -

Took up light housework in 3 months, full housework in 6 months, can now do "any kind of work" and has "much better health than for last 25 years". Has "a good colour", "can walk for miles"

Flushes began 7 months after operation, several daily, and made her feel she would "die or suffocate", are now passing off. She has a bad headache fortnightly, which is less often than before operation, has troublesome flatulence and occasional palpitations. She sleeps well.

Weight has increased by 2 st., and she "looks better than she has done for years".

Nerves are irritable, sometimes she can't keep her

hands or head still. She gets out of temper easily and feels "very low and depressed sometimes" but is improving in this respect.

Letter gave the impression of prosperity, contentment and cheerfulness.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Dysmenorrhoea.

Case 54 Age 32. Single. Middle class woman of no definite occupation. Operation July 1902.

Complained of severe dysmenorrhoea, not relieved by curetting 7 years previously and 2 years previously, keeping her in bed one week out of four. Was a miserable unhappy-looking woman who found "life not worth living". Had severe menorrhagia, leucorrhoea, and constant intermenstrual pelvic pain, also dysuria and retention of urine.

Operation presented no special features.

Patient says she is "wonderfully well" was "never so well before"; housekeeps for large family; can walk two miles; has never regretted her operation, and thoroughly enjoys her life.

Flushes began one year after operation, were rather frequent and made her a little giddy. Very seldom occur now. Bad headaches occur about twice a month. No indigestion and no cardiac symptoms.

Weight slightly lessened, now normal.

Nerves were very bad before operation, are now fairly steady, after a period of some irritability. Has always been cheerful since operation.

A prosperous happy active woman, making no complaints whatever, but looking a little pale and not robust.

109

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Dysmenorrhoea.

Case, ~~55~~ Age 32. Single. Engaged in housework and shop-keeping. Operation October 1903.

Complained of severe dysmenorrhoea from age of 14, increasing in severity and keeping her in bed three or four days each month, latterly of inter-menstrual pain and of inability to do any work between periods. Was thin, anaemic, weak and miserable.

Operation. Removal of normal uterus and of normal tubes and ovaries.

Patient, ^{says} she has now the best health of her life, is very thankful for the operation, though devoted to children, is delighted by the large amount of hard work she can do, and has no complaint whatever.

Flushes came on at once, frequent but not severe, and are now passing off. She has very few headaches as compared with previous life, has some flatulence which she had before, but has no cardiac neuroses. Weight greatly increased and now normal.

Nerves are much steadier since operation, but she is still apt to worry with insufficient cause. She has had no fits of depression, and her mental condition is excellent.

She seems a thoroughly hard-working woman of strong and amiable character. Her expression is keenly intelligent, contented and cheerful. She looks much younger than her years, and this change is often remarked by her friends. She is thoroughly satisfied with life, and seems entirely normal.

Abdominal Bilateral Oophorectomy for
Suppurative Conditions.

Case 56 Age 30. Single. Operation January 1898.

Complained of symptoms arising from a condition of pelvic inflammation which had been under treatment some time, and had not yielded to posterior vaginal incision and drainage.

Operation. Removal of large left pyosalpinx and left ovary, of adherent and thickened right tube and ovary; breaking down of adhesions to intestines.

This patient, for special reasons, was not interviewed.

She married some time after the operation. Letter gives the following:-

She had great pain and vomiting at monthly intervals for ten months. She has during the ten years been able to do a good deal in the house, and to walk fair distances, but she thinks she does too much, and says her health has "not been any better"

She has had occasional flushes, occasional headaches, much flatulence and some cardiac neuroses. She sleeps badly. Weight unchanged.

She was "always very nervous" and is "no worse since operation". She describes herself as generally cheerful, but "sometimes fearfully depressed, and very irritable at times".

The letter gave the impression of a self-centred and discontented woman.

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Abdominal Bilateral Oophorectomy for
Suppurative Conditions.

Case 57 Age 30. Married. Two children.

Town housewife. Operation March 1898.

Complained of recurrent severe haemorrhages from vagina since labour 4 months ago, of retention of urine, of discharge from rectum, of mucus and pus.

Operation. Tumour found filling pelvis, consisted of suppurating left ovarian cyst, size of cricket ball, of thickened and occluded left tube, and of right appendages, uterus and sigmoid colon, all bound together by adhesions. Adhesions broken down and both sets of appendages removed.

Took up light work at end of 6 months, full housework at end of 12 months, does it easily, and says she is much better than in pre-operation years.

Flushes, "awful at the time", making her nearly faint, occurred several daily, for 3 weeks years after operation, and still occur, very occasionally.

Epistaxis every 3 months for 1½ years after operation. Her head felt dull and heavy and she had flatulence and epigastric pain for several years, but no cardiac neuroses, and sleep was good from the first.

Weight increased, but still very small. She weighed only 4st. at time of operation. Nerves were badly unstrung for 6 months, and she had to send

her children away; had always been a nervous woman, but is now, and for many years has been, in stable nerve condition.

Mental condition kept good except for very slight occasional losses of cheerfulness.

A very small, thin, worn-looking woman, with a healthy face and a cheery self-controlled expression.

Abdominal Bilateral Oophorectomy for
Suppurative Conditions.

Case 58 Age 30. Married. Two children.

Charwoman. Operation May 1905.

Complained of severe dysmenorrhoea, of menorrhagia, of urethritis, of growing thin and weak.

Operation. Removal of right and left hydrosalpinges, both densely adherent, and of right and left ovaries, both enlarged and adherent. Uterus, densely adherent to sacrum and sigmoid, brought forward and round ligaments shortened.

Light work taken up 6 weeks, heavy work 8 weeks after operation. Says her general health is good and quite equal to strain of hard work.

Slight flushes, at night only, came on at once and are now ceasing. Headaches are less frequent than before operation, only about once a month.

Flatulence has been rather bad, but she has had no palpitations.

Weight unchanged and normal.

Nerves are in a strained condition, she wakes with bad dreams, is often afraid of being murdered, is afraid of being alone. She says she was very bright and happy till husband took to drinking shortly before her operation. He now comes home violent and she is terrified of him.

She is a pale worried-looking woman of a good class, physically and mentally, and it is impossible to

apportion the nervous symptoms between the drinking husband and the oophorectomy.

Bilateral Oophorectomy and Appendicectomy
for Suppurative Conditions.

Case 59 Age 32. Married. Two children.

Town housewife. Operation March 1905.

Complained of recurrent attacks of pelvic pain since childbirth 8 years previously, occurring twice a year and keeping her in bed about a month; of frequent fainting; of being always weak and ailing. Was thin, anaemic and miserable.

Operation. Showed pelvic organs all bound by dense adhesions. Right pyosalpinx and greatly enlarged right ovary, left inflamed tube and left enlarged ovary, adherent vermiform appendix, all removed.

Took up light work in a fortnight, full work in a few weeks; moved into the country and has had the best health of her life since. Does a great deal of work in house, poultry yard and garden, walks ten miles once a week carrying heavy weight, has never any pain and feels well and strong.

Has had no flushes, no headaches, no indigestion, no cardiac symptoms.

Weight unchanged and normal.

Nervous and mental conditions excellent.

Marital relations unaffected and satisfactory.

A sturdy, hearty country woman, rejoicing in her wonderful health.

Excision of Remaining Appendages for Second
Tubal Gestation.

Case 60 Age 35. Married. Two children.

Engaged in light work as housewife in small
middle-class house. Operation December 1906.

In 1904 Dr Wilson operated for ruptured left
tubal gestation and removed tube and ovary.

In 1906 He operated for ruptured right tubal
gestation and removed tube and ovary.

Patient made a slow recovery - has a maid and did
not need to work - doing practically nothing for
a year, and not much since. Health has been poor on
the whole, but varies much, and she has days of
much energy. Has always been nervous and delicate
all her life. Is very easily tired.

Flushes came on at once "very bad", with giddiness
and palpitations, several times a day, and there
has been no change in this respect. Headaches are
frequent but always were so, appetite is poor, but
there is no indigestion; palpitations and dyspnoea
are severe on exertion. Sleep poor and unrefreshing.
Weight increased to about 11st. which is excessive.
Nerves have been very irritable ever since operation.
She says she has many fits of depression, is afraid
of being alone, afraid of making a noise when alone,
is sometimes "hysterical" and occasionally has
suicidal impulses, which do not appear to be severe.
She adds that she "always was hysterical" There

is no family history of insanity.

Marital relations are unchanged and satisfactory, but she has a constant source of real anxiety and feels this is retarding her recovery.

Looks rather pale and unhealthy, speaks cheerfully, quietly and without complaining or exaggeration, and suggests that the worst days of nervous and mental trouble are over.

Total Abdominal Hysterectomy and
Unilateral Oophorectomy for Fibroma.

Case 61 Age 35. Married. No Children. Housewife.
Operation August 1905.

Complained of severe pain in back and sides,
following miscarriage at tenth week a year previous-
ly, also of a tumour noticed at time of miscarriage.
Operation. Removal of fibroid uterus and of left
ovary and tube.

Patient had a very bad family history, with several
generations of insanity on father's side, tubercle
and pelvic tumour in mother, and serious illness
as follows in each one of her 9 brothers & sisters:-

(1) suffered from phthisis, (2) from tubercular
joints, (3) from nephritis, (4) from pelvic tumour
& insanity, (5) from phthisis, (6) from insanity,
(7) from mental deficiency, (8) from paralysis,
(9) from phthisis. Patient herself was a delicate
girl, but is now equal to much work, and to strain
of nursing relatives, having taken up full house-
work four months after operation. Can walk five
miles after half a day's work.

Flushes occur in summer only, and are not severe;
she has no headache, no increase of the flatulence
habitual before operation, and only slight
occasional palpitations. Sleep has been very
good ever since operation.

Weight has increased a little, and she now weighs 9st. 4lbs., which is rather little for her height. Nerves have always been rather easily startled; there is no change in this since operation; she thinks her temper is a little more hasty, but she has had no fits of depression.

Looks well and fairly strong, seems a particularly *balanced* well-behaved, quiet, intelligent and cheerful woman.

Vaginal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 69 Age 35. Single. Farm servant.

Operation August 1904.

Complained of menorrhagia and dysmenorrhoea of many years' standing, finally of complete retention of urine. Was anaemic and ailing.

Operation. Removal of fibroid uterus extending half way to umbilicus and of right ovary and tube. Patient returned to farm work six weeks after operation, and quickly took up full duties. Works from 5-0 a.m. to 10-0 p.m., does it with ease, and feels well and strong.

She has had very little in the way of flushes or headaches, and has had no indigestion or cardiac neuroses.

Weight increased and now a little above normal.

Nerves very steady. Patient says she has occasional fits of crying without adequate cause, but mistress with whom she has been twenty years says she has been free of depression and of irritability, enjoys her work and her cycling, and is plucky and cheerful. A remarkably sturdy, strong, shrewd country woman, looking the embodiment of activity and of health.

Vaginal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 63 Age 36. Married. Four children.

Country housewife. Operation April 1903.

Complained of dysuria, polyuria and vesical
incontinence.

Had had sun-stroke 5 years previously, and had never
been quite strong since.

Operation. Removal of fibroid uterus reaching mid-
way to umbilicus, of enlarged left tube and ovary.

Took up light housework at end of a few weeks, full
and heavy housework at end of a year; finds herself
fully equal to it and to cycling 4 miles a day.

General health good, as before operation.

Flushes came on at once, several daily, not severe.

Now occur once a week. She has had very severe head-
aches about once a week, occasional severe epigastric
pain and flatulence, palpitation and dyspnoea on
exertion. All these are now clearing up.

Weight unchanged and normal.

Nerves have given some trouble, she had much depression
during early months, "there seemed to be nothing to
live for", and some fear of becoming insane, was afraid
of being alone, and was unduly irritable. She is now
much more nearly normal, but sometimes wonders
whether she will live much longer. She had the same
fear of losing her reason after the sunstroke.

She seems healthy, self-controlled, quiet and active,
but has a rather strained expression.

Vaginal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 64 Age 37. Single. Governess.

Operation March 1901.

Complained of severe lower abdominal pain, of menorrhagia and dysmenorrhoea of increasing severity. Was hysterical, especially at menstrual periods, thin and anaemic.

Operation. Removal of fibroid uterus, of left tube and half left ovary, of right tube.

Some trouble from visual hallucinations during night after operation.

Patient, a private case, was not interviewed.

She writes :-

Could do light work 3 months after operation, took up work as governess 6 months after, but had to give it up from nerve breakdown. Took up work as dispenser 1½ years after this, and has done it comfortably since. General health which was very poor before operation, has since become very good. Can walk 4 miles and could cycle 32 till she had an accident two years ago. Flushes came on at once, several daily, never severe. Ceased in 9 months. Headaches are very rare, and there have been no digestive or cardiac neuroses. Sleep was disturbed for a few months, but has since been very good.

Weight normal.

Nerves are much less easily upset, and much better under control than formerly. Temper is improved, and cheerfulness is the rule. No depression except for the first 6 months of taking up work again and finding it too heavy.

Patient had an exceedingly bad family history of insanity.

Letter gives the impression of a cheerful, sensible, hard-working woman, and she writes enthusiastically of the results of the operation.

Vaginal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 65 Age 37. Married. No children.

Country housewife. Operation October 1904.

Complained of being weak and ailing for ten years,
of dysmenorrhoea, of frequent micturition.

Operation. Removal of uterus with multiple fibromata
making a mass rather larger than a full-term foetal
head, of right tube and ovary, of half the left ovary.
Took up light work within a month of operation, full
work of four-roomed country cottage in a few weeks,
and has since done it easily. Says she is "just a
new woman" and finds it a pleasure to live, except
when she has headaches and flushes.

Flushes were not noticed till about $3\frac{1}{2}$ years after
operation, are now very frequent for a few days at
a time, but not severe.

Headaches came on a month or two after operation,
but are no worse than previously. Flatulence had
been habitual and there has been no change in this
respect. There have been no cardiac neuroses.

Sleep is rather poor, but she goes to bed at 8-0
and does not get up till 8 O'clock.

Weight unchanged and normal.

She felt restless for a year after operation, could
not sit still even when sewing, but wanted to walk

about, but this has passed off.

She has had occasional fits of causeless depression, but on the whole has been very cheerful.

A very healthy-looking active country woman, living a life which seems thoroughly comfortable and satisfactory. Expression cheerful and placid.

Total Abdominal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 66 Age 38. Married. Two children.

Operation July 1906.

Complained of discomfort in lower abdomen, and "bearing down" pains on walking, of one year's duration, of occasional dysuria.

Operation. Removal of uterus extending to umbilicus and containing two large fibromata, of left tube and left ovary.

A left uretero-vaginal fistula followed and in December 1906 the left kidney was removed in a suppurating condition.

Patient, a private case for second operation, was not interviewed. She writes :-

Light work taken up within 6 weeks of hysterectomy, ordinary life in March 1907. As much as ever can be done now in work and in walking; general health is improved, and Doctor considers operation most successful. She has had no flushes, occasional headaches, a little oftener than before, a little flatulence, but no cardiac symptoms. Sleep has improved.

Weight decreased.

Nerves have been strained by domestic trouble, and depression has occurred, but it is not possible to apportion the nervous and mental symptoms between the operations and the anxieties.

Total Abdominal Hysterectomy and Unilateral Oophorectomy for Dysmenorrhoea.

Case 67 Age 31. Married. One child.
Town housewife. Operation January 1905.

Complained of dysmenorrhoea since age of 16, increasing in severity after marriage until she was in bed half of each month.

Operation. Removal of uterus and of left tube and ovary.

Made a slow recovery, doing very little for 5 months, then gradually taking up full work of five-roomed house and family of four. She is wonderfully stronger since operation, but is not robust; has had diphtheria and pneumonia since and is still delicate. For about a year after operation she had good health, then menopause symptoms set in and have increased in severity up to present time. Flushes occur only at monthly intervals in conjunction with violent headaches, lasting one, two, or three days, and with rigors and vomiting. Severe flatulence and palpitations came on with the headaches at the end of a year. Sleep is fitful.

Weight slightly increased and now normal.

Nerves steadier than before operation, but still easily unstrung. Has often sat up all night when husband away at work because afraid of going to bed.

Mental condition greatly improved since operation, but fits of causeless depression are still occurring.

Temper much less irritable. Looks fairly well and strong. A self-controlled, quiet, amiable woman of a delicate type.

Total Abdominal Hysterectomy and Unilateral Oophorectomy for Fibroma.

Case 68 Age 39. Single. Occupation unknown. Operation September 1905.

Complained of menorrhagia following a period of amenorrhoea, of the presence of a lower abdominal tumour. Was very tall and stout.

Operation. Removal of a fibroid uterus extending midway to umbilicus, of left ovary and tube.

Patient, a private case, was not interviewed.

Letter gave the following :-

Took up light work at end of 4 months, ordinary life at end of 6 1/2 months. Is now "doing full work" and can walk two miles. Health decidedly better.

Flushes were severe, several daily, before and after operation, improved greatly two years later, and then returned. Headaches occur once a month since operation instead of every night; there is frequent indigestion and flatulence, and palpitations are rather bad at times, but dyspnoea much less than before operation. Weight decreased from 11 1/2 st. to 10st 4 lbs. which is normal.

Nerves steadier than before operation. Much depression at first because unable to work, but this has given way to cheerfulness. Was recovering from influenza when she wrote, had been feeling far from well before that.

Supra-Vaginal Hysterectomy for Fibroma.

Case 69 Age 30. Single. Country householder.
Operation August 1906.

Complained of pain in lower abdomen and in back of one year's duration, of frequency of micturition, of losing weight.

Operation. Supra-Vaginal Hysterectomy presenting no special features.

Made a slow recovery, spending most of her time in bed for about two months after operation, from general weakness. Father was brought home dead about two months after operation, and the shock of this threw her back. She did nothing till 9 months after leaving Hospital, but can now do all the lighter work of six-roomed house and family of three, and can walk two miles.

During past 9 months general health has been fairly good, and is certainly improving, but she is not strong. Has had much trouble from tinnitus aurium since operation, and is under Specialist's care for this. Has also had five weeks influenza.

There have been no flushes, but very bad daily headaches came on at once, with much giddiness, and continued for ten months. Are still very troublesome. There has been much epigastric pain and flatulence, and also palpitations and dysphoea, but all these symptoms are now abating. Sleep has been

fitful.

Weight decreased from $8\frac{1}{4}$ st. to $7\frac{1}{2}$ st. which is subnormal. Nerves have given trouble in connection with tinnitus aurium, patient being unable to stand noises or music, but apparently in no other connection. There has been some depression, but on the whole she has been cheerful. She looks worn and quite ten years older than the age she gives, cheerful, active and sensible. She is alone all day, but is never dull, and says the days are not long enough.

Vaginal Hysterectomy for Fibroma.

Case 70 Age 32. Married. One child.

Three miscarriages, at 7, 5, and 3 months.

Town housewife. Operation February 1903.

Complained of menorrhagia of three years' standing.

Was pale, thin, and nervous.

Operation. Removal, morcellément, of fibroid uterus containing soft fibromata and weighing $2\frac{1}{2}$ lbs.

Took up light housework at end of three months, and gradually full work of five-roomed house and family of three. Health, which had never been good since birth of child ten years previously, was improved greatly, and for the last year and a half has been better than ever before during adult life.

Flushes were "very bad", making her feel giddy, trembling and faint for about a year, then gradually ceased. She has had no headaches, no indigestion and no palpitations.

Weight increased from 7 st. to 9 st., which is suitable to her height.

Nerves are very easily upset, she cannot bear a crowd, is afraid of fainting in a crowded room, starts at sudden noises. Had steady nerves till illness which led to operation. For a few months after operation had fits of unreasonable crying, but has always been cheerful since.

She looks energetic, healthy and calm, a sensible intelligent woman.

Vaginal Hysterectomy for Fibroma and for
Ruptured Uterus.

Case 71 Age 37. Married. Six children.

Middle-class housewife. Operation June 1904.

Patient seen the day after delivery of seven months' foetus was found to have a sloughing fibroma with foul discharge and a ruptured uterus, through which two fingers passed into the peritoneal cavity.

Operation. Enucleation of fibroma size of tennis ball and removal of thick uterus with well-marked Bandl's ring.

Patient, a private case, was not interviewed.

She writes :-

Took up ordinary life of busy housewife and mother of five children in 3 months. Can now do a great deal, can walk six miles any day, and on occasion 12 miles, and can run a mile for a train. Is in every way stronger and more vigorous than before operation. She has had no flushes, no palpitations, very slight occasional headaches, but much flatulence.

Weight unchanged and a little sub-normal.

Nerves were more irritable for many months after operation, but are now steadier than before that time. She has had no special depression, but is less even-tempered with the children than she would like.

She writes a cheerful letter.

Supra-Vaginal Hysterectomy for Fibroma.

Both Ovaries left.

Case 72 Age 37. Single. Engaged in housework.

Operation February 1899.

Complained of pain in abdomen and back of $3\frac{1}{2}$ years' duration, constant, of severe dysmenorrhoea, of leucorrhoea.

Operation. Removal by supra vaginal method of body of uterus, including a multilobular fibroid mass the size of a full-term foetal head.

Took up light housework six weeks after operation, full work of five-roomed house and small family four months after. Is in fair general health, but suffers from bronchitis and asthma.

Menstruation occurred about three times after operation. Flushes came on at 39 (two years after operation) and have developed in severity ever since, i.e. for seven years, occurring several a day, or at intervals of some days, and making her feel weaker than in earlier years.

Headaches have occurred all her life, have been more and more frequent since two years after operation.

No indigestion. Slight occasional palpitation.

Weight has been alternately lost and gained, and is now normal.

Nervous and mental condition seem satisfactory on the whole, but she says she is irritable, she is certainly

hypersensitive and morbidly conscientious, she sleeps badly, from cough, and looks rather strained.

She is a refined delicate-looking woman of fine character.

Vaginal Hysterectomy for Fibroma.

Case 43 Age 38. Widow. Middle-class housewife.
Two children. Operation December 1898.

Complained of menorrhagia, of dysmenorrhoea, of anaemia, of dyspnoea, of never having been well since birth of first child 13 years previously.

Two aunts died of cancer, mother of uterine tumour.

Operation. Removal of uterus enlarged by multiple fibromata.

Patient says she has never been well since operation, but since giving up her maid 4 years ago and doing much of her own housework has been distinctly better. Flushes came on at once, lasted about four years, and now trouble her rarely.

For about a year after operation she did fairly well, then violent and frequent headaches, much epigastric pain and flatulence, and much pain at heart came on, and she has suffered from them ever since, with diminishing severity during past four years. No alcohol at any period of life.

Weight increased for two or three years but then returned to normal.

Sleep has been very poor. Insomnia is her great trouble, and she has at least two bad nights a week, and at intervals has several weeks when the bad nights out-number the good. This is worst in Summer. She frets about it greatly.

Nervous and mental condition very poor. Much depression is felt and she cannot go into society or to meetings because she is soon greatly exhausted in rooms of the ordinary poor supply of air. She lives with wide-open windows, and in every way carries out a rational mode of life, but is too greatly taken up with her health to benefit as she might.

She is a thin-faced, worn, weary, depressed looking woman of a neurotic type, but she gets through a great deal of housework and walking, and does not seem physically unhealthy.

It is impossible to apportion the symptoms between the hysterectomy and the insomnia, but they seem mainly referable to the latter.

Vaginal Hysterectomy for Endometritis.

Case 74 Age 32. Married. Four children.

Town housewife. Operation August 1906.

Complained of menorrhagia of four years' duration unrelieved by curetting, of unethral discharge.

Operation. Removal of enlarged and adherent uterus.

Took up light housework after five weeks, full work of four-roomed house and family of five after three months. General health poor, owing to weak lungs and heart. Always a delicate girl.

She has had no flushes and no headache, but has flatulence, some epigastric pain, and moderately severe palpitations.

Weight unchanged and below normal.

Since operation nerves have been easily upset by anything sudden or noisy. She has had no fits of depression, her temper is good, and she is usually cheerful and quiet.

A thin delicate anaemic woman, languid and quiet.

Expression self-controlled and contented.

Vaginal Hysterectomy for Suppurative Conditions.
(Pyometra).

Case 75 Age 34. Married. One child at 32.

Middle-class housewife. Operation July 1905.

Complained of menorrhagia, of severe pelvic pain, of daily vomiting, of very severe headaches for past 8 years. Contracted syphilis on marriage 10 years ago, at 24, and ill-health then began. Amenorrhoea set in at 27 and lasted till 32, when menorrhagia began.

Vulva and cervix showed advanced menopause changes.

Operation. Removal of uterus containing foetid pus.

Ovaries and tubes seen to be much atrophied, not removed.

Patient, a private case, was not interviewed.

She writes :-

Light work taken up a fortnight after leaving Hospital, ordinary work of Hotel Keeper's wife a few weeks later. Can only do half as much as formerly, and less still the last few months. Can walk 4 miles and is in better general health than before operation.

Flushes occurred before operation, 6 or 7 daily, and are still at that rate.

Headaches, very severe, still occur regularly every four or five weeks, are less frequent and less severe than before operation. No digestive or cardiac neuroses.

Weight unchanged and normal.

Nerves are at their weakest, she cannot stand worries or excitements as well as formerly, and says her nerves

"affect her legs".

She has "not much depression" but is irritable at times.

In the foregoing series of 50 cases between the ages of 30 and 40 it is possible to compare the results in cases in which both ovaries have been removed with those in which one or both ovaries have been left.

1. Cases in which both have been removed - 35.
Nos. 26 to 60 inclusive.
2. Cases in which one or both have been left -
15. Nos. 61 to 75 inclusive.

Individual cases vary so greatly, in inherited constitution, in pre-operative health, in conditions of life, in social position, that coarse comparisons can be of little value, but something of the kind has been attempted in the summing up of each patient's post-operative condition under the headings of:-

1. Work done and general health & strength.
2. Menopause symptoms.
3. Nervous and psychical conditions.
4. Weight.

I. WORK DONE & GENERAL HEALTH.

	Excel- lent.	very good.	Good.	Fair.	Poor.	Total.
Both Ovaries removed.	8.	12.	7.	6.	2.	35.
35 Cases.	22.8%	34.8%	20%	17%	5%	
Ages 30 to 40.	57%					

	Excel- lent.	Very good.	Good.	Fair.	Poor.	Total.
One or both Ovaries left.	1.	4.	6.	3.	1.	15.
15 Cases.	6.6%	26.6%	40%	20%	6.6%	
Ages 30 to 40.		33%.				

If the excellent and very good cases be taken together, 57% of the cases of removal of both ovaries fall into this class, and 33% of the cases in which one or both ovaries are left. Of the good cases there are 20% of the former and 40% of the latter; of the fair and poor taken together, 22% of the double oophorectomy and 26% of those in which one or both ovaries were left.

The evidence is thus all along the line in favour of bilateral oophorectomy, where ability to work and general health and strength are considered.

II. MENOPAUSE SYMPTOMS.

	None.	Very slight.	Slight.	Moder- ate.	Severe.	Total.
Both ovaries removed.	5.	6.	11.	7.	6.	35.
35 Cases. Ages 30 to 40.	14%	17%	31%	20%	17%	
One or both Ovaries left.	0.	3.	3.	2.	7.	15.
15 Cases. Ages 30 to 40.		20%	20%	13%	46%.	

Where both ovaries were removed:-

31% had very slight menopause symptoms or none.

17% had severe symptoms.

Where one or both ovaries were left:-

20% had very slight menopause symptoms.

46% had severe symptoms.

III. NERVOUS & PSYCHICAL CONDITIONS.

	Excel- lent.	Very good.	Good.	Fair.	Bad.	Total.
Both ovaries removed.	6.	9.	6.	8.	6.	35.
35 Cases.	17%	25.7%	17%	22.8%	17%	
Ages 30 to 40.	42%					
One or both Ovaries left.	0.	1.	2.	10.	2.	15.
15 Cases.		6.6%	13%	66%	13%	
Ages 30 to 40.						

If the excellent & very good cases be taken together 42% of the cases of removal of both ovaries fall into this class, as against 6.6% of the cases in which one or both ovaries were left. It is in this department of the enquiry that it is most difficult to estimate results.

IV. CHANGES IN WEIGHT.

	In-crease.	No change.	De-crease.	No record.	Total.
Both ovaries removed.	16.	13.	3.	3.	35.
35 Cases.	45.7%	37%	8.5%	8.5%	
Ages 30 to 40.					

	In-crease.	No change.	De-crease.	No record.	Total.
One or both ovaries left.	5.	6.	3.	1.	
15 Cases.	33.3%	40%	20%	6.6%	
Ages 30 to 40.					

Here an increase in weight is seen to occur more frequently in cases of removal of both ovaries than when one or both have been left.

The investigator wishes to lay little stress on the foregoing comparison between the effects of bilateral oophorectomy and of operations in which one or both ovaries have been left when hysterectomy has been performed, realising fully that in dealing with human beings crude classifications such as the above have very little value, as it is impossible correctly to sum up the condition of a life under half a dozen headings and in a dozen words. It is for this reason that a detailed account has been given of each case, and here too it is strongly felt that it is impossible in an hour or two of acquaintance to gain as full a knowledge as is desirable, or to gain evidence which is strictly comparable in the different cases.

Certain cases in this series are of special interest.

Cases 40 & 46. are two out of the total four cases of mental derangement occurring in the series of 117.

Case 40. has given her family great anxiety as to her mental condition. It has been seen that she had distinctly improved health for a year after operation, and that the symptoms of "hysterical attacks" and fits of grave depression with some tendency to injure herself, but as far as could be gathered, no actual attempts at suicide, then came on, lasted for several years and are now passing off. In this case, after a long interview with the patient and with her sister in their own home, the sister, a particularly intelligent woman, was asked for a second interview at the investigator's house. She said the patient had always been "a spoiled child", subject to violent fits of temper, and that the attacks after operation were of the same character as before, but more severe. She knew of no family history of mental trouble, and she was of a class in which the ancestors and relatives are known for two or three generations. This was the one case in the four in which mental symptoms occurred in the absence of a family history of such troubles.

Case 46. had suppurative nephritis following quickly on her operation and was in very poor general health for two years. Up to her operation, at 32, she had been of normal Mentality, and was remarked in hospital as a woman of strong character and much quiet dignity. Soon after operation grave suicidal tendencies came on, together with violent "fits of hysterics" and attacks

of deep depression. She was living alone with her mother, a frail and nervous woman, and at night the two were the sole occupants of a block of offices. The mother holds her to have been insane, but felt no need to put her under special care and always managed to control her. She has now for some months held a post as one of a number of servants in a wealthy family and this is good evidence of her present reasonable condition. At first the mother, seen alone, denied any hereditary taint, but at the close of an afternoon in which she was much pleased by the interest shown in her daughter, she volunteered that the patient's paternal grandmother died in an asylum from climacteric insanity.

In contrast to these are the 2 following cases:-

Case 61. has a very bad family history of insanity, but the patient has come through her operation in 1905 with nerves unaffected and has done very well in every way. Here one ovary was left.

Case 64. has a very bad family history of insanity and was herself badly hysterical before operation in 1901. Except for a "nerve breakdown" a year after operation she has done well and is in greatly improved nervous and mental condition. Here one ovary was left.

Turning from these satisfactory instances, there remain 6 further cases in which the psychical condition is bad.

Case 58. had a husband who took to drink and to abusing her shortly before her operation, and it is impossible to say how much of her nerve trouble is due to her anxiety and terror on this score.

Case 73. where hysterectomy alone was done, in 1898, has never been well since, suffering greatly from aggravation of the Insomnia, which had troubled her previous to operation. She is decidedly self-centred and neurotic, and appears to regard everything in life from the point of view of its probable effect on her night's sleep.

Case 66. is complicated by domestic trouble, which in itself has been of a nature to cause depression.

Case 56. seems to be in an unsatisfactory condition. She was not interviewed, but her letter gave strongly the impression of a self-centred woman and her domestic relations are known to be unsuccessful.

Case 60. was unfortunate in requiring a second operation for ruptured tubal gestation two years after the first. She seemed to be suffering to some extent from being alone a good deal and from having too little to do, and in her case also there was a constant source of domestic anxiety.

Case 34. describes herself as having had much depression during convalescence, but is certainly now in good condition.

Of menopause symptoms headache seems to have given the most trouble and was in some cases the only one experienced. Flashes were not often mentioned until enquired for, and in only a few cases seem to have caused much distress or serious interruption to work. In most instances they were regarded as quite a minor trouble. Flatulence occurred in a large majority of cases and palpitations in a smaller number, the more serious cases of both usually occurring in the same person.

Out of 13 cases of severe menopause symptoms in the total 50 cases, 5 occurred in the 7 instances in which the uterus alone was removed.

The younger and the older women seem to have fared alike in this respect, but if any difference exists it is in favour of those under 35, the ages of the five in whom menopause symptoms were absent, being 30. 31. 32. 32. & 39.

The time of onset of menopause symptoms has varied much, being in some cases immediately after operation, in some 6 months later, in some a year, or a year and a half, or two, three or four years later. There is no obvious relation between the time of onset and the excision of both ovaries, of one, or of neither.

It may be remarked that out of the total 8 cases of unsatisfactory nervous condition 3 fall within the small class of 5 cases of bilateral oophorectomy uncombined with hysterectomy, but in each of these three there is a condition of grave domestic unhappiness which must not be overlooked.

Cases 54 & 55, of operation for dysmenorrhoea, are two of the most striking succeeded from every point of view.

Case 31. is of interest as showing that after the excision of one and a half ovaries five years before Dr. Wilson's operation in 1903, the remaining half ovary sufficed ~~sufficed~~ to keep up menstruation for three years, during which period severe menopause symptoms occurred.

This age-period includes a large number of women now thoroughly well and strong, but not so large a proportion as are found in the age period 20 to 30 years.

Here, as in the age-period 20 to 30 years, a number of the women in whom bilateral oophorectomy had been done looked distinctly younger than their years, a fact which they often said had been remarked by their friends.

AGES 40 to 50 Years - 35 Cases.

I. Hysterectomy and Bilateral Oophorectomy - 26 Cases.

(a) For fibroma of Uterus - 16 Cases.

NUMBER.	AGE.	OPERATION.	DISEASE.
76.	40.	Tot. abd. hyst. and excision of remaining ovary. - 1902.	Fibroma.
77.	40.	Vag. hyst. following bilat. oophorect. 1905.	Fibroma.
78.	40.	Tot. abd. hyst. and bilat. oophorect. 1903.	Fibroma.
79.	41.	Tot. abd. hyst and bilat. oophorect. 1903.	Fibroma.
80.	41.	Tot. abd. hyst. and bilat. oophorect. 1905.	Fibroma & Hydrosalpinx.
81.	42.	Tot. abd. hyst. and bilat. oophorect. 1906.	Fibroma.
82.	43.	Supra-Vag. hyst. and bilat. oophorect. 1900.	Fibroma.
83.	43.	Tot. abd. hyst. and bilat. oophorect. 1904.	Fibroma & tubercular Salpingitis.
84.	44.	Tot. abd. hyst. and bilat. oophorect. 1898.	Fibroma.
85.	45.	Tot. abd. hyst. and bilat. oophorect. 1905.	Fibroma.
86.	45.	Tot. abd. hyst. and bilat. oophorect. 1901.	Fibroma.
87.	47.	Tot. abd. hyst. and bilat. oophorect. 1905.	Fibroma & cystic ovary.
88.	47.	Tot. abd. hyst. and bilat. oophorect. 1903.	Fibroma & pyosalpinx.

NUMBER.	AGE.	OPERATION.	DISEASE.
89.	47.	Tot. abd. hyst. and bilat. oophorect. 1906.	Fibroma.
90.	47.	Tot. abd. hyst. and bilat. oophorect. 1902.	Fibroma.
91.	48.	Vag. hyst. and bilat. oophorect. 1903.	Fibroma.

<u>(b). For inflammatory conditions.</u>			
92.	40.	Tot. abd. hyst. and bilat. oophorect. 1906.	Double Pyosalpinx & Fibroma.
93.	40.	Tot. abd. hyst. and bilat. oophorect. 1903.	Pelvic Peritonitis.
94.	40.	Vag. hyst. and bilat. oophorect. 1901.	Endometritis.
95.	41.	Tot. abd. hyst. and bilat. oophorect. 1905.	Double Pyosalpinx.
96.	41.	Supra-Vag. hyst. and bilat. oophorect. 1904.	Haematocele.
97.	42.	Tot. abd. hyst. and bilat. oophorect. 1906.	Pyosalpinx.
98.	42.	Vag. hyst. and bilat. oophorect. 1898.	L. Hydrosalpinx. R. Salpingitis.
99.	43.	Supra-Vag. hyst. and bilat. oophorect. 1903.	Double Pyosalpinx.
100.	44.	Tot. abd. hyst. and bilat. oophorect. 1903.	Uterine cyst.
101.	43.	Vag. hyst. and bilat. oophorect. 1905.	Dysmenorrhoea.

II. BILATERAL OOPHORECTOMY ALONE - 2 CASES.

For inflammatory conditions - 2 cases.

NUMBER.	AGE.	OPERATION.	DISEASE.
102.	42.	Bilat. Oophorect. 1906.	Double Pyo- salpinx.
103.	45.	Bilat. oophorect. & R. appendicectomy. 1904. L.	Hydrosalpinx. Cystic ovary.

III. HYSTERECTOMY & UNILATERAL OOPHORECTOMY - 4 Cases.

(For fibroma - 4 Cases.).

104.	41.	Tot. abd. hyst. and Unilat. oophorect. 1897.	Fibroma.
105.	41.	Supra-Vag. hyst. and Unilat. oophorect. 1899.	Fibroma.
106.	42.	Vag. hyst. and Unilat. oophorect. 1906. <u>Half ovary left.</u>	Fibroma.
107.	45.	Vag. hyst. and Unilat. oophorect. 1905.	Fibroma & cystic ovary.

IV. HYSTERECTOMY ALONE - 3 CASES.

(a). For fibroma - 2 cases.

108.	41.	Vag. hyst. 1903.	Fibroma.
109.	43.	Vag. hyst. 1897.	Fibroma & Carcinoma.

(b). For inflammatory conditions
1 case.

110.	47.	Vag. hyst. 1902.	Metritis.
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Total Abdominal Hysterectomy and
Excision of Remaining Ovary for Fibroma.

Case 46 Age 40. Single. Domestic Servant.

Operation November 1902.

Complained of menorrhagia and dysmenorrhoea, of increasing incapacity for work, of growth of lower abdominal tumour. Two years previously had unilateral oophorectomy for ovarian tumour.

After Operation returned to situation in a few weeks, took up full housemaid's work in large house at end of six months; says since operation has had "the best health I ever had in my life. It is a pleasure to work and never feel tired" Mistress says health excellent.

Slight flushes began a year after operation, have not troubled her, are now decreasing in frequency. No headaches. A little pain after food, and a little flatulence occasionally. Slight palpitations occasionally. Weight gained. Now normal.

No suggestion of nerve irritability except that at first she was a little less even tempered with fellow servants than previously. No fits of depression, always cheerful and happy.

A woman in excellent health, strong, active, serene and bright.

Vaginal Hysterectomy for Fibroma. Double
Oophorectomy three years previously by another
Surgeon.

Case 77 Age 40. Single. Hospital Nurse.
Operation April 1905.

In 1903, bilateral oophorectomy was performed by a
gynaecologist at a neighbouring hospital as a curative
measure for menorrhagia. After this operation,
general health was as bad as ever; menorrhagia
lessened but still gave trouble, flushes were
frequent and rather severe, and patient was in a
condition of nerve irritability, with fits of
depression.

Dr Wilson's operation in 1905. Removal of fibroid uterus
containing 7 small fibromata.

Patient took up full work in a few months, has since
led a normally active life, says she has "nothing
to complain of" and thanks the hysterectomy for
setting her right after "ten years of constant bad
health".

Flushes were severe, more weakening and of longer
duration after hysterectomy than after oophorectomy.
Now have almost ceased.

Headaches were ~~bilateral~~ ^{habitual} all her life and operation
produced no change. Very slight digestive and
cardiac neuroses.

Weight increased and now normal.

Nervous and mental conditions gradually improved after the hysterectomy, and patient is now normal. A healthy looking, rather stolid and cheerful person.

733

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case *YP* Age 40. Married. No children.

Country housewife. Operation March 1903.

Complained of the presence and growth of an abdominal tumour, noticed for 3 years.

Operation. Removal of fibroid uterus weighing $7\frac{1}{2}$ lbs. and of both tubes and ovaries.

Took up ordinary housework within a month of operation, and was very soon equal to work of large country cottage, and to going out charing in addition. Can work half a day and then walk 6 miles. General health very good.

Flushes, many in a day, in quick succession, came on at once, and are now of lessened frequency.

Headaches are infrequent, digestion is good except for a little flatulence, and there are now no cardiac neuroses, though there were occasional palpitations for a short time after operation.

Sleep was good for $1\frac{1}{2}$ years after operation and has since been variable.

Weight increased for a year or two and then decreased but patient is still plump.

Mental Condition has caused grave anxiety. She was very cheerful all her life till about $1\frac{1}{2}$ years after operation, then began to feel that "things were all wrong" but she did not know how, that she "could not

bear the look of a knife", that she was "afraid of the look of things". Often felt she could not do some simple piece of housework. Was afraid she should do something to herself, or end in Asylum. Had curious visceral sensations and could not get her thoughts off her own condition. A relative says she really was very near a dangerous condition, but has improved greatly during the last year. While talking of all this she flushed and cried a little but retained a grip of herself, and though seeming frightened, self-centred and unsteady in nerves, she did not make the impression of one developing insanity, but of one who had passed through a bad time and was on the up-grade.

She had been an active hardworking woman in good service till she married at 35 a man of 68, in comfortable circumstances.

An uncle and a brother died in the Asylum.

She looked a woman in very good physical health. She took a great pride in keeping her house clean, but had too little else to occupy her mind, and was alone great part of each day till a few months ago when her husband's health began to fail and the strain of sole attendance on him fell on her.

157

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 79 Age 41. Single. Engaged in housework.
Operation February 1903.

Patient was brought for consultation for lower abdominal tumour. Had had one attack of menorrhagia a year previously, but made no complaint. Was mentally weak, with a mind much like that of a quiet well-behaved stupid child. Had during years immediately before operation, attacks of temper and of depression, "was queer in her head" and relatives were afraid she was becoming a case for Asylum. A paternal relative is in an Asylum, and her mother was epileptic.

Operation. Removal of two fibromata weighing together $4\frac{1}{2}$ lbs. and of both ovaries and tubes. Took up light housework in a few days, full housework in a few weeks after leaving Hospital. Has winter bronchitis, but is otherwise well in every way, and never complains.

She herself answers questions briefly but fairly rationally, and her testimony and that of two relatives is that she has had no flushes, no headaches, no indigestion, and no cardiac troubles.

Weight has increased and is too much for her height. Sister says she "lets nothing trouble her", does a great deal of work quietly and cheerfully, seems to be

contented, and to have no wishes beyond her simple life. She has given no anxiety since operation, and sister thinks it saved her from the Asylum. She has a slowly growing lipoma over left clavicle, two relatives have died of cancer, and a third is suffering from it now. She looks healthy, placid and dull.

159

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 80 Age 41. Married. No children.

Middle-class housewife. Operation August 1905.

Complained of menorrhagia, of sudden severe lower abdominal pain, of a tumour which had been growing for 6 months.

Operation. Removal of mass consisting of two fibromata each the size of a full-term foetal head, and of a hydrosalpinx from each side.

Patient had been ailing all her adult life, with incapacitating epigastric pain. Says ~~so~~ that the operation gave her the best health of her life, that she is "quite a new woman and entirely set up", that she does easily all the work of a middle-class house, and can walk several miles.

Flushes came on at once, were slight and infrequent, are now ceasing. Headaches less frequent than before operation. No indigestion or abdominal pain of any kind. No palpitations and no dyspnoea. Sleep excellent.

Weight increased from 9 to 11st.

Nerves steady, is alone nearly all day, but always contented and happy. Says her temper is more even and she has now none of the fits of depression of her pre-operation life.

Looks extremely well, active and bright.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case *P/* Age 42. Single. Manageress of West End
London Hotel. Operation September 1906.

Complained of menorrhagia, of eight months' difficulty
in micturition, of a tumour reaching to umbilicus.

Operation. Removal of uterus with mass of fibromata
seven in number, one with twisted pedicle, and of
both ovaries and tubes.

Within three months of operation was back at full work
at Hotel, doing easily a day's work which lasts from
9-0a.m. to after midnight as a general rule. Health
very good in every respect.

Flushes came on six months after operation, were
slight and infrequent; she has had no indigestion
and no cardiac symptoms.

Weight gained considerably, at least several stone.
Was very thin at operation and is now about 12st.

No nervous or mental trouble. Does all her very
heavy and responsible work without sense of strain,
and has had no fits of depression. Says nothing
disturbs her nerves except street organs, which
previously she did not mind.

A calm, energetic, capable woman in excellent
physical and mental condition.

Supra-Vaginal Abdominal Hysterectomy and Bilateral Oophorectomy for Fibroma.

Case P2 Age 43. Single. Housekeeper in large shop. Operation September 1900.

Complained of menorrhagia and of the presence of a lower abdominal tumour.

Operation. Removal of uterus with red fibroma showing gelatinous degeneration, weight ~~28~~ 6lbs. 12ozs., and of both tubes and ovaries.

Took up work as housekeeper 3 months after operation and since the first year has done it comfortably.

Has on several occasions been in Hospital for some weeks for operations for cataract, which had been developing for 5 years before Dr Wilson's operation, and which necessitated operation 4 years after that date. Sight now good.

Flushes, several daily, not severe, came on at once, lasted about four years, and are now very rare. She has always had much neuralgic headache and there has been no change in this respect. She has had no indigestion and no palpitations. General health very good.

Weight increased from 9 st. to 10½ st. which is not excessive.

Nerves have given no trouble, she has had no fits of depression, but has been very cheerful. Temper has been slightly more irritable. A strong, healthy, capable woman, well content with life. Expression calm and cheerful.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma and for
Tubercular Salpingitis.

Case 83 Age 43. Single. Operation June 1904.

Complained of retention of urine for two days. Had had a previous attack a year before.

Operation. Removal of uterus enlarged by small multiple fibromata to size of cricket ball, of enlarged tubercular left tube, of enlarged left ovary, of adherent right tube and ovary.

Patient, a private case, was not interviewed.

She writes :-

Took up light work at end of 3 months, ordinary life at end of 12 months. Can now do a fairly heavy day's work, and can walk 6 miles. Health as good as at any time in her life.

Flushes, hourly, very severe, came on at once. Now occur once or twice daily and are slight. She has had no headaches, and only occasional palpitations, but has had much flatulence and constipation.

Weight has increased and is now normal.

Nerves have been unaffected, she is always very cheerful and has a perfectly placid temperament, which has been in no way disturbed since the operation.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 84 age 44. Married. No children.

Consulting rooms attendant. Operation July 1898.

Complained of lower abdominal pain of one year's duration, and of retention of urine.

Was well nourished and not anaemic.

Operation. Rounded mass moulded to pelvis and consisting of numerous fibromata, removed, together with both sets of appendages. Weight of tumour 3 lbs.

Patient took up light work two months after operation, but found it difficult, and walking a trouble for a year. Since that time has done much heavy work, and says her general health has been much better than for years before operation, which "made a woman" of her.

Flushes, "very bad", came on at once, and still occur about once a day, with equal severity, causing giddiness.

Headaches were no more frequent than before operation; some epigastric pain and much flatulence followed, and these have increased in severity during the last few years. No cardiac trouble.

Weight has been lost to a considerable extent lately but she is still in good condition.

Nerves have given no trouble all along, but during last few years she has had fits of causeless

depression.

She looks healthy, young for her years, contented, alert, and sensible.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case *PS* Age 45. Married. Two children. Housewife.
Operation February 1905.

Complained of menorrhagia, of severe headache, of
pain in back, of a tumour growing for five years.

Operation. Removal of a mass of fibromata, one
large one intraligamentary, weighing 3lbs.13ozs.
and of both ovaries and tubes.

Took up light housework after 5 months, full
housework after 9 months, has better health than
for years before operation, but has winter
bronchitis and "liver attacks".

Flushes began at once and still persist, never
severe. No headaches. No palpitations, no
dyspnoea, some pain about heart on sudden turning.
Epigastric pain frequent, flatulence slight.

Weight unchanged. Much too heavy.

Nerves ~~irrit~~itable, cannot stand sudden noises. No
fits of causeless depression, usually has "a good
nerve" and keeps cheerful, but has much real anxiety
and sometimes thinks she shall not live long.

Looks anxious and unhealthy, has a muddy complexion,
slight cyanosis and dark rims under eyes.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 86 Age 45. Married. No children. Matron of
Almshouses. Operation March 1901.

Complained of a lower abdominal tumour, noticed for
one year, growing larger, and now reaching umbilicus.
Operation. Removal of a tumour, partly solid, partly
cystic, weighing $5\frac{1}{4}$ lbs. and of both sets of
appendages.

Took up light work after six months, full and
arduous work as Matron after one year, has done her
work easily all along, and says her health has been
very good.

Flushes came on gradually, were rather severe for a
year or so, then became less frequent and ceased
entirely "a long time ago". Headaches occasionally,
less frequent than before operation. No indigestion
beyond a little flatulence. No cardiac neuroses
beyond slight palpitations; much less than before
operation. Weight unchanged & rather heavy.
Nerves are rather more easily upset than before, but
she is always cheerful, and has had no attacks of
depression.

Seems a thoroughly healthy hearty active woman,
doing a great deal of work under comfortable
circumstances.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Fibroma.

Case 87 Age 47. Single. Charwoman.

Operation October 1905.

Complained of menorrhagiā, of dysmenorrhoea, of sharp abdominal pain.

Operation. Removal of adherent uterus with multiple small fibromata, of right tube and cystic right ovary, of left tube and hypertrophied left ovary.

Patient is a small, worn badly-crippled woman of poor physique. Within a month of operation, the day after leaving Hospital, she got up with a view to going to Sunday School, fell down and was very ill, but in a few days was at work again in her own one-roomed home, which is all she has since been able to manage. She feels equal to more but for osteo-arthritis which has developed since operation, and thinks herself distinctly better in health than she was previously. Has been a cripple all her life.

Flushes came on at once, several daily, not severe, and are now ceasing.

She has had a little headache, slight indigestion and palpitations.

Weight has been lost but is still sufficient.

Nerves have shown some strain by a desire for company, which previously she did not wish for. She says she has fits of depression and cannot now stand being

scolded or crossed, but there is ample occasion in her circumstances for depression apart from the oophorectomy.

A most sturdy, independent, cheery little cripple.

169

Hysterectomy and Bilateral Oophorectomy for
Fibroma of Uterus and for Pyosalpinx.

Case *88* Age 47. Married. One child 22 years ago.
Housewife. Operation February 1903.

Complained of frequency and difficulty in micturition,
of menorrhagia of seven years' standing, of leucorrhoea,
of the presence of a tumour extending to the
umbilicus and rapidly growing.

Operation. Removal of very adherent fibroid uterus
weighing $5\frac{1}{2}$ lbs. of densely adherent right pyosalpinx
and ovary, of left ovary and tube.

Patient was in bed 6 months with weakness and right
iliac pain. Two years later an abscess in right
iliac region opened externally, and patient was in
bed two months with extensive discharge of ill-smell-
ing pus from sinus. Since then has had much pain
and discomfort in same region and some nausea and
gastric pain. Has since this second illness been
equal to light work in middle-class house.

Very slight flushes followed operation, but no
headaches, indigestion, or cardiac neuroses are
referred to it.

Weight has lessened a little of late and is now
normal.

Nerves are not irritable, but patient's memory is
failing a little, and she is not very clear-headed
at times. Says she is cheerful. She seems in fair
general health, is self-conscious and inclined to
be neurotic, but on the whole is satisfied with life.

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 89 Age 47. Married. No children. Housewife.
Operation September 1906.

Complained of menorrhagia of two years' duration,
of leucorrhoea, of difficulty in micturition.

Operation. Removal of uterus with three fibromata,
and of both ovaries and tubes. Has not had good
health since operation. Says "I was a wretched
creature and am really well compared with what
I was" Is scarcely equal to full housework yet,
has much pain in back and feels weak.

Flushes, rather severe, came on at once and are now
ceasing. Headaches are more frequent and severe
since operation, almost constant. She has much
epigastric and interscapular pain, some nausea and
vomiting, and severe flatulence. Palpitations and
dyspnoea give much trouble. She has haemorrhoids
and varicose veins in legs, and her appearance
suggests an obstructed portal circulation.

Weight has increased, and she is now much too heavy.
Nerves are irritable, sleep broken, temper erratic,
but since operation she has been generally cheerful,
though suffering previously from much depression,
and some suicidal impulses, now almost cleared off.
Looks rather feeble and ailing, but has a bright
and contented expression.

171

Total Abdominal Hysterectomy and
Bilateral Oophorectomy for Fibroma.

Case 90 Age 47. Single. Domestic servant.

Operation February 1902.

Complained of menorrhagia, of leucorrhoea, of slight incontinence of urine of some years' duration, of incapacitating attacks of lower abdominal pain, of abdominal tumour of ten years' growth.

Tumour extended to umbilicus, was firmly fixed and prominent. Rectocele was also present. Patient looked much older than her years and was extremely emaciated.

Operation. Removal of very adherent tumour, consisting of numerous fibromata, and of a cystic portion, and of both tubes and ovaries. Weight $7\frac{1}{4}$ lbs.

Patient was very weak for many months, has gradually recovered enough strength for lighter housework in brother's house; has still much pain in lumbar region, but on the whole feels in fair condition.

Flushes, making her feel faint, came on at once, several daily. These cleared off, but come on again still when she is run down. Severe headaches occur one or more times a week, as they have done ever since operation. No indigestion, no cardiac symptoms. Weight greatly increased; now 10 stone, which is suitable to her build.

Nerves have troubled her little, noises distressed

her at first. Mental condition good, no fits of causeless depression.

Looks much older than her years, has a good colour and healthy look. Is active, independent and cheerful, and nerves are evidently steady.

173

Vaginal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case 91 Age 48. Married. Several children.
Middle-class shopkeeper. Operation March 1903.
Complained of complete prolapse of both vaginal walls
and of whole uterus.

Operation. Removal of uterus enlarged to four times
normal size by fibromata, and of normal tubes and
ovaries.

After 6 months took up ordinary work of house and shop,
but has never done as much as before operation.

Has had vaginal prolapse ever since, and cannot
relieve this by pessary; has slight cystocele, and
some difficulty in micturition. Is in fair health,
but less strong in every way than before operation.
Flushes came on after a year, annoy her much, are as
frequent and severe as ever. She has bad vertical
headaches once or twice a week, frequent flatulence,
occasional palpitations, and much dyspnoea.

Weight increased and normal.

Nerves are not under control. She has "fidgets" of
arms and body when a little excited, many fits of
causeless depression, and often when falling asleep
a sense of having grown very large, which frightens
her. No improvement in these respects as time goes
on but in the intervals of depression she is cheerful.
A rather nervous, self-interested woman. Face heavy
and anxious when in repose, pleasant when animated.
Lost her husband 6 months after operation, and is
suffering partly from this.

Total Abdominal Hysterectomy and Bilateral Oophorectomy for Suppurative Conditions.

Case 92 Age 40. Widow for past two years. One child. Operation June 1906.

Complained of illness which began 19 years ago with birth of child, and which led to menorrhagia and dysmenorrhoea, lately increasing in severity.

Operation. Removal of uterus enlarged by fibromata to size of full-term foetal head, of right and left pyosalpinges, of right and left ovaries.

Patient, a private case, was not interviewed.

She writes :-

General health greatly improved since operation.

Flushes, 7 or 8 a day, occasionally severe, came on at once, and are now increasingly severe. She has been free of headaches, which were rather frequent previously, but has had considerable flatulence and some palpitations, which are becoming more frequent of late.

She thinks her nerves are more irritable than formerly.

She describes herself as "very cheerful", and yet says she has fits of crying two or three times a week, from depression, and that these are not lessening in frequency. Temper considerably improved.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Condition.

Case 93 Age 40. Married. Six children. Housewife.
Operation July 1903.

In 1897 patient was operated on for left tubal
gestation, and half the ovary was removed.

In 1899 she was operated on for uterine prolapse.

In 1903 she complained of severe right-sided pelvic
pain and of flooding for five weeks.

Operation showed a dense mass of adhesions binding
uterus to omentum and to small intestine, binding
coils of intestine together, binding right appendages
to pelvic wall and to sigmoid colon. Uterus, right
ovary and tube, and remaining half of left ovary
were removed.

Patient took up light housework six months from
operation, and gradually heavier work, until now she does
full housework, and goes out nursing. General
health very much better than for years before
operation.

Slight flushes and rather severe and frequent
headaches occurred for 6 months, then entirely
cleared away, and there have been no digestive
or cardiac troubles.

Weight gained, but patient is not too heavy.
Mental condition very good since first 6 months
when patient had occasional attacks of depression.

which were not severe.

Seems thoroughly healthy and active in mind and body.

177

Vaginal Hysterectomy and Bilateral
Oophorectomy for Chronic Endometritis.

Case 94 Age 40. Married. Ten children.

Town housewife. Operation July 1901.

Complained of menorrhagia and of dysmenorrhoea since birth of second child 16 years before. Curetting, and amputation of hypertrophied cervix in 1900 gave no relief.

Operation. A straight-forward vaginal hysterectomy and bilateral oophorectomy.

Patient has never been really well since operation, and for first two years could hardly walk. Has never done heavy work since. Had been a delicate woman all her life, and only began to menstruate at 19, after marriage.

Flushes were rather exhausting for a year after operation and then ceased; headaches occur once a week and are increasingly severe; appetite is poor, but digestion good; palpitations are no worse than always after rheumatic fever before operation.

Weight increased and now about 11st.

Nerves are easily upset, she is "always low and tired" and does not want to do anything, and often not to be spoken to. She is less affected by low spirits than formerly, and thinks she is getting better. A languid, gentle, weak-looking woman in comfortable circumstances and not obliged to exert herself.

Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 95 - Age 41. Married. No children.
Town housewife. Operation January 1905.

Complained of having always suffered from dysmenorrhoea and menorrhagia, of having been in bed for several weeks with constant haemorrhage from vagina, and with dull heavy pelvic pain.

Operation showed numerous firm adhesions binding omentum, intestine and bladder to uterus and appendages. Uterus removed together with right pyosalpinx and enlarged right ovary, and left pyosalpinx of large size and cystic ovary.

Took up light work 6 months after operation, full housework 12 months after. Has had much better general health than for years previously.

She had slight flushes for two years, very occasional headaches; no digestive and no cardiac symptoms beyond some palpitation of many years' standing. Weight has been gained and then lost, and she is now thin.

No nervousness and no depression, though patient considers herself a little anxious-natured; ~~and~~ says this has not increased since operation.

She is an active, bright, healthy-looking woman, in appearance younger than her years.

179

Supra-Vaginal Abdominal Hysterectomy and
Bilateral Oophorectomy for Haematocele.

Case *96* Age 41. Married. Eight children.

Town housewife. Operation October 1904.

Complained of violent attacks of abdominal pain, of dysuria, of feeling ill. Was suffering from acute pelvic peritonitis.

Operation. All pelvic structures found bound together by thick dense adhesions enclosing cysts with much thick blood clot. Removal of uterus and of both tubes and ovaries.

Took up light work a month and full housework and washing two months after operation. Has done it all since, goes out charing and finds herself equal to it, in very much better health than for many years before operation.

Flushes came on $2\frac{1}{2}$ years after operation, were slight and are now ceasing. Headaches occurred fortnightly, as before operation, till a few weeks ago when they became of daily occurrence. No indigestion and no cardiac neuroses. Weight increased from 9st. to 11 st.

Nerves have shown no strain.

Mental condition good. No fits of depression though life is anything but easy.

A rather heavy, inert, anaemic woman of an elementary social grade, looking contented and in reasonable health.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case 97 Age 42. Married. Six children.

Black country housewife. Operation January 1906.

Complained of severe lower abdominal pain, of intractable vomiting, of wasting, all of one month's duration. Was extremely ill and emaciated.

Operation. Removal of uterus, of a cystic mass adherent to omentum, intestine, and pelvic wall, and containing several pints of foetid pus, of appendages on other side.

Patient made a very slow recovery, was in Hospital 6 weeks after operation, and during earlier part of that time had mental symptoms of some severity, and also double pneumonia.

Took up light work at end of a few months, full work of four-roomed house and family of five at end of a year; has done it easily since, and is in good general health though not quite so strong as before operation.

Flushes have been slight and infrequent; she has had occasional headaches, less severe and less frequent than before operation, but no digestive or cardiac symptoms.

Weight a little increased and now normal.

She has always been "a little nervous" but there has been no aggravation of this since operation, and

she has had no depression, and no change in her usual good temper.

A very sturdy healthy-looking active woman with a cheerful expression.

Vaginal Hysterectomy and Bilateral Oophorectomy
for Suppurative Conditions.

Case 98 Age 42. Married but separated from husband. One child. Town housewife and shopkeeper. Operation July 1898.

Complained of uterine prolapse of 5 years' duration, of violent pelvic pain especially on sitting. Had prolapse of whole of both vaginal walls.

Operation. Removal of densely adherent uterus, of left hydrosalpinx and left ovary, of thickened right tube and right ovary.

Took up light work within a month of operation, full work of five-roomed house and small shop after a few months. Her general health has been good, and local condition satisfactory till prolapse developed again two months ago.

Flushes, at fortnightly intervals, lasting a few days, of moderate severity, came on at once and occurred for six years. She had flatulence for some years but no cardiac neuroses.

Weight much increased and now excessive.

Nerves were all right during day but for some time after operation she was frightened at night; was living alone, had suffered much from drunken and violent husband; had fits of depression. Recovered completely, in a year or two, and has since been cheerful.

A rather heavy-looking, slow-witted woman, healthy, cheerful and placid.

Supra-Vaginal Hysterectomy and Bilateral
Oophorectomy for Suppurative Conditions.

Case ⁹⁹ Age 43. Married. Three miscarriages.
Laundress. Operation July 1903.

Complained of attacks of severe, incapacitating pelvic pain, at intervals, during last 6 months, and of menorrhagia. Was very ill and anaemic.

Operation. Uterus, bound by dense adhesions to omentum, intestines and tubes, removed supra-vaginally. Right and left pyosalpinges, each containing about three drachms of offensive pus, removed together with ovaries.

Recovery slow, but by end of $1\frac{1}{2}$ years patient was engaged in heavy laundry work, and has done it since without undue strain. Has slight leucorrhoea and some vaginal pain.

Flushes came on $1\frac{1}{2}$ years after operation, were rather severe, and are still frequent. Headaches began at the same time, are now severe and frequent. Much epigastric pain, palpitations, and oedema of the legs ~~has~~ ^{have} developed during the past two years. Weight unchanged and normal.

Nerves have always been very steady, she never gets downhearted and says she "feels as well as one can expect" at her age.

A rather worn and anxious-looking woman, leading a very hard and lonely life.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Uterine Cyst.

Case 100 Age 44. Married. No children.

Operation August 1903.

Complained of presence of large lower abdominal tumour and of incontinence of urine. Two previous operations by other Surgeons had been done for tumour, one removing a tumour by vaginal incision, one removing another by abdominal section. The second of these was four years ago, and the tumour now complained of had developed since then.

Operation. Removal of cystic uterus extending upwards as far as umbilicus and densely adherent to omentum and to parietal peritoneum; of densely adherent tubes and ovaries on each side.

Patient, a private case, was not interviewed.

She writes :-

Light work taken up almost at once and ordinary life in about two months. A normal amount can be done now.

Flushes, often severe and frequent, came on 6 months after operation, and are now ceasing. Headaches are rare, and there have been no digestive or cardiac symptoms.

General health is better than it has been for 20 years and she is doing really well. Nerves have given no trouble, and there has been no depression.

Vaginal Hysterectomy and Bilateral Oophorectomy
for Dysmenorrhoea.

Case 101 Age 43. Married. Clergyman's wife.
Operation September 1905.

Complained of severe menorrhagia and dysmenorrhoea,
of constant pelvic discomfort, of severe headaches
and giddiness, of being unable to work.

Operation. Removal of uterus with small fibroma
and mucous polypi, of normal tubes and ovaries.

Patient, a private case was not interviewed.

She sent a vague letter giving the following details:-

Light work taken up after 3 months. "Much more can be
done than before operation" Flushes came on at
once, lasted badly for two years and are now ceasing.
Headaches were "better for a time", are now the
same as before operation.

She has had no digestive or cardiac troubles.

Weight unchanged.

General health "much better in every way except with
head and giddiness".

Mental condition cheerful except during times of
headache. Thinks her nerves are still suffering
from the operation.

Abdominal Fixation of Uterus and
Bilateral Oophorectomy for Suppurative
Conditions.

Case 102 Age 42. Married. Five children.

Shopkeeper. Operation September 1906.

Complained of prolapse of uterus of 19 years' duration, unsuccessfully treated by another gynaecologist 11 years previously, when a laparotomy was done; of constant leucorrhoea, of occasional severe attacks of pelvic pain.

Operation. Fixation of uterus to abdominal wall.

Removal of two pyosalpinges and of two ovaries, the right containing an abscess.

Took up light work 4 months, full work in shop 6 months, after operation. Feels in better health now than ever in her life.

Flushes began a month after operation, slight, now passing off. She has occasional bad headaches which she had not before, and slight occasional palpitations. No digestive troubles.

Weight has been gained and is now normal. Nervous and mental conditions very satisfactory.

Looks quite ten years younger than her ~~years~~ age, a little delicate and over-worked, but healthy.

Face placid and cheerful.

107

Abdominal Bilateral Oophorectomy and Appendicec-
tomy for Suppurative Conditions.

Case /03 Age 45. Married, Doctor's wife.

Two children. Operation February 1904.

Complained of menorrhagia, of acute pelvic pain for 3 months, of pains in back and in rectum. The trouble dated from a miscarriage 3 years previously, and there was acute pelvic peritonitis one year ago. Operation. Removal of right hydrosalpinx, of right ovary, of left tube, of enlarged and cystic left ovary, of vermiform appendix. Breaking down of omental adhesions.

Patient, a private case, was not interviewed.

She writes :-

Light work taken up at end of 6 months, ordinary life at end of 18 months. She can now do a great deal, can cycle 25 miles and play a round of golf. Health much improved since operation.

Flushes, about 12 daily, at times very severe, came on at once and are unchanged. Severe frontal headaches occur fortnightly, as before operation.

There is flatulence and there are palpitations with the flushes. Dyspnoea is worse than before operation. Weight unchanged.

Nerves have given no trouble, she is "if possible" even more cheerful than previously, and has had no fits of depression. Temper is more equable.

She writes a bright contented letter.

Total Abdominal Hysterectomy and
Unilateral Oophorectomy for Fibroma.

Case 104 age 41. Married. Four children.

Housewife. Operation September 1897.

Complained of almost constant menorrhagia of long standing, and of an abdominal tumour of six years' growth.

Tumour extended 1½" above umbilicus. Patient was ill, anaemic, and growing thin.

Operation. Removal of uterus, enlarged by soft spongy fibroma, of right appendages, of left appendages except for half of ovary.

Patient was doing full housework of a very heavy character within four months of operation, and has done it ever since with ease. Says her health has been very good all along.

Flushes, never severe, have been rather frequent ever since the operation, and still persist; she has had no more headache than before, no indigestion and no cardiac neuroses.

Weight has slightly increased.

Nerves always steady, and mental condition excellent since operation. No fits of depression, always busy and cheerful.

She seems a thoroughly healthy woman, mentally and physically.

Supra-Vaginal Abdominal Hysterectomy and
Unilateral Oophorectomy for Fibroma.

Case /05 Age 41. Married. No children.

Middle class housewife. Operation June 1899.

Complained of lower abdominal pain, of rapidly growing pelvic tumour, of severe occipital headache.

Operation. Removal of body of uterus with pedunculated fibroma somewhat larger than full-term foetal head, and of adherent left appendages.

Recovery very slow. Could not stand for three months, could not walk for a year. Had very little to do for six years, then decided that she needed work, took up a heavy enterprise, has carried it on successfully, and is greatly the better for it.

Has now fair health, except for some symptoms referable to cardiac insufficiency.

Flushes came on 4 years after operation, rather severe, several daily for a few successive days, then interval of a week or two. Still the same. She has had no headache, and none of her previous fears for her sanity, but her brain feels weak coincidentally with flushes. No indigestion and no palpitations.

Weight greatly increased, and now about 14 st.

Nerves irritable, and usual cheerfulness disturbed by fits of depression, but as a rule has "no time to be thinking about herself" Has good cause for real anxiety of domestic nature, and depression

seems referable to this.

Looks healthy, active and cheerful, but shows that she has come through a time of strain.

Vaginal Hysterectomy and Unilateral Oophorectomy
for Fibroma.

Case 106 Age 42. Married. Two children.

Town housewife. Operation February 1906.

Complained of pain in lower abdomen, back and vagina,
of vaginal discharge, of menorrhagia, of dysmenorrhoea.

Operation. Removal of uterus with fibroma size of
cricket ball, of tube and ovary of one side, of half
ovary of other side.

Since operation has done the lighter work of six-
roomed house, and also a great deal of needlework,
but has never felt well, from daily pain in back and
in hypogastrium. Had never been in good health
since birth of last child 22 years ago, and has found
little relief from operation. Is nearly always tired.
Flushes have been very few, not more than a dozen in
all. Headaches occur once a week, which is less
often than before operation. She has a fair appetite
and no indigestion; has a little palpitation and
severe dyspnoea on exertion.

Weight unchanged. Normal.

Nerves are fairly steady, but she is too much alone
and has times of "fancying things". She keeps cheer-
ful in spite of all, and has had no serious fits of
depression.

A weary-looking, self-controlled and plucky woman
who is suffering a great deal of pain.

Vaginal Hysterectomy and Unilateral
Oophorectomy for Fibroma.

Case 107 Age 45. Married. Three children.

Operation February 1905.

Complained of metrorrhagia and consequent anaemia.

Operation. Removal of uterus enlarged by numerous small fibromata, of right tube, and of enlarged and cystic right ovary.

Patient, a private case was ^{not} interviewed.

She writes :-

Light work was taken up after 3 months, ordinary life after 7 months, and a normal amount of work and of walking can now be done. Health is greatly improved since operation.

Flushes, frequent and very severe, came on 2 months after operation, became few and slight after 7 months, and are now, three years after operation, worse than ever. Headaches are very frequent as compared with pre-operation life. There have been no digestive and no cardiac troubles.

Weight unchanged and a little below normal.

Nerves were rather shaky for two years, but have since been normal, and there has been no depression at any time.

193

Vaginal Hysterectomy for Fibroma.

Case 108 Age 41. Married. Warehouse worker.

Operation October 1903.

Complained of attacks of pain in abdomen, then of constant profuse metrorrhagia for a month; of two years' pelvic pain; of dysmenorrhoea; of dysuria.

Operation. Removal, morcellement, of a large sub-mucous fibroma about the size of a croquet ball, and of whole uterus.

Took up light work at end of a few months, full work of four-roomed house and family of two at end of a year. Now goes out washing and cleaning, finds it hard to work and life a struggle. Takes much tea and some alcohol. Health variable, some days good, some days poor.

Flushes, several daily, suffocating, some days in succession and then an interval, came on a year after operation, and still occur, but less frequently.

Very severe headaches, with vomiting, lasting all day, occur every few weeks, which is oftener than before operation. Nausea occurs every morning; there is some flatulence, and a tendency to diarrhoea.

No palpitations, but dyspnoea on exertion.

Nerves are easily disturbed and not improving.

Mental condition not quite stable after operation, did not like to be alone, "fancied she saw things", memory failed considerably but has since improved.

She has fits of depression, but on the whole is cheerful.

Weight unchanged and excessive.

194

Looks unhealthy, tired, discouraged and alcoholic,
quite ten years older than her age.

Vaginal Hysterectomy for Fibroma and Carcinoma.

Case 109 Age 43. Married. Widow. No children. Factory worker. Operation March 1897.

Complained of severe menorrhagia 3 months ago and of metrorrhagia since; of growing thinner.

Operation. Removal of uterus containing carcinomatous tissue. Cervix showed nothing abnormal.

Took up light work at end of a few months, soon went back to factory for two years, then left and has since done only housework. Health variable, not very strong, but on the whole well and up to any housework except heavy lifting.

Flushes came on at once, increased in frequency for 6 years, still occur occasionally.

Severe frontal headaches occur about once a week. Were at their worst 6 years after operation.

Flatulence and palpitations were severe when flushes and headaches were at their worst, 6 years after operation, but have now almost cleared away.

Nerves were strained for some time. She had bad dreams and horrid imaginings, and could not stand noises or children. She is still nervous in crowded streets. She had fits of depression during early post-operative years, but has long got over these, and is usually cheerful.

A fairly healthy woman, a little anaemic and puffy. Looks active, capable, cheerful, and older than her years.

Vaginal Hysterectomy for Metritis.

Case //o Age 47. Married. Ten children, and four miscarriages. Midwife.

Operation October 1902.

Complained of lower abdominal pain and of menorrhagia unrelieved by repeated curetting, finally of constant loss for 3 months.

Operation. Removal of thickened uterus.

Took up light work the day after leaving Hospital, full work at the end of a month.

She is a prosperous midwife, attending 130 cases a year, and working very hard. She has excellent health and thoroughly enjoys her work.

She has had no flushes, either before or after operation; headaches for only a short time after, slight occasional flatulence and slight palpitations.

Weight unchanged and excessive.

No nervous or mental strain at any time. Says nothing ever upsets her.

She seems an exceptionally strong, healthy, capable woman, of a placid, self-confident and cheerful type.

The foregoing series of 35 cases between the ages of 40 & 50 is of less value for the purposes of this enquiry than the preceding series, for if, as is commonly understood, the ovaries are at this time ceasing to function, post-operative health cannot greatly depend on their removal or non-removal. For purposes of comparison, however, and for such intrinsic value as it may have, the series has been treated in the same way as the earlier one.

I. WORK DONE & GENERAL HEALTH.

	Excel- lent.	Very good.	Good.	Fair.	Poor.	Total.
Both Ovaries removed.	2.	12.	6.	5.	3.	28.
28 Cases.	7%	42.8%	21%	17.8%	10.7%	
Ages 40 to 50.	49%					
One or both Ovaries left.	2	0.	4.	1.	0.	7.
7 Cases.	28%	-	57%	14%	-	
Ages 40 to 50.						

It is recognised that the number of cases in which one or both ovaries were left is in this series too small to be of value for comparison with those in which both were removed.

198

II. MENOPAUSE SYMPTOMS.

	None.	Very slight.	Slight.	Moderate.	Severe.	Total.
Both ovaries removed.	1	9.	5.	4.	9.	28.
28 Cases.	3.5%	32%	17.8%	14%	32%	
Ages 40 to 50.						
One or both ovaries left.	0.	1.	3.	0.	3.	7.
7 Cases.		14%	42.8%		42.8%	
Ages 40 to 50.						

The percentage of cases of very slight symptoms is about the same as in the age-period 30 to 40, but the percentage of severe cases (32%), is much higher than that (17%) of the younger women.

III. NERVOUS & PSYCHICAL CONDITIONS.

	Excellent.	Very good.	Good.	Fair.	Poor.	Total.
Both ovaries removed.	2.	13.	2.	6.	5.	28.
28 Cases.	7%	46%	7%	21%	18%	
Ages 40 to 50.		53%				
One or both ovaries left.	2	0	2.	2.	1.	7.
7 Cases.	28.5%	—	28.5%	28.5%	14%	
Ages 40 to 50.						

The percentage of excellent and very good cases here is higher (53%) than in the age-period 30 to 40 where it is 42%. The percentage of fair and poor cases is much the same in the two periods.

IV. CHANGES IN WEIGHT.

	In-crease.	No change.	De-crease.	No record.	To-tal.
Both ovaries removed.	18.	5.	3.	2.	28.
28 Cases.					
Ages 40 to 50.	64%	18%	10.7%		
One or both ovaries left.	2.	4.	0.	1.	7.
7 Cases.					
Ages 40 to 50.	28%	59%			

Here an increase in weight has taken place in a higher percentage of cases than among younger women.

Certain cases in this series are of special interest.

Case 78. is the one instance of mental derangement following operation at this age-period. For 1½ years after operation she did very well, having no trouble beyond flushes, then sleep became poor, weight was lost and mental symptoms of depression, with suicidal tendencies, set in and have persisted till the present time, that is, for 3½ years. She has all along done her own housework extremely well and no need of special restraint seems to have been felt by her relatives, who are intelligent people, but they have been very anxious about her. She has improved greatly during the past year, and unless the strain of nursing her husband, who is slowly going down hill,

200
should again upset her, it seems likely that she will eventually return to a normal condition. An uncle and a brother died in an asylum.

Case 79. has been from birth of deficient intellect and for some time before operation her sister feared she was on her way to the asylum. A paternal relative is in the asylum and her mother was epileptic. Since operation this cause of anxiety has entirely cleared away, she seems to have suffered nothing and is said to be always contented and amiable. The sister says:- "I often think Dr. Wilson did a great deal more for her than he knew and saved her from going out of her mind".

Case 89. was suffering before operation from much depression and from suicidal impulses, both of which have now almost entirely cleared off.

Case 105. had fears as to her reason during the years immediately before operation, but has had no such fears since.

There are thus in this age-class three cases in which combined hysterectomy and bilateral or ^{uni-}~~bi-~~ lateral oophorectomy has been succeeded by an improved mental condition, and one case in which it has been followed by mental derangement.

Menopause symptoms have been as variable as in the earlier age-periods, have come on at once, after a few months, or after two or more years and

and have in two instances, Cases 84 & 104, lasted ten and eleven years. The most striking point is the much higher percentage of severe cases than at earlier age-periods, Out of the total 9 severe cases in the series of 35, 2 are found in the small class of three in which the uterus alone was removed. A similar proportion obtained among the cases aged 30 to 40.

Case 77. had flushes and other menopause symptoms after bilateral oophorectomy in 1903, and after hysterectomy in 1905 had more severe flushes than after oophorectomy, but quickly recovered from the depression and nerve irritability of her previous condition.

Speaking generally, there seemed to be more broken health and failing strength among these patients than among the women a decade younger. The recovery after operation was slower and there was a larger number of cases in which full work was not taken up again.

It seemed to stand out clearly that the women of between 20 & 30 were best able to meet the strain, followed in this respect by those between 30 & 40. It also appeared that those who came under treatment for sharp and short illnesses due to pelvic suppurations did better than those who for years had been slowly going down hill from the effects of fibromata, but as the suppurative conditions were main-

ly in the younger women and the fibromata in the older this may have been largely an age effect.

AGES 50 to 61 Years. - 7 Cases.

I. Hysterectomy and Bilateral Oophorectomy. -
----- (3 Cases).

NUMBER.	AGE.	OPERATION.	DISEASE.
111.	52.	Tot. abd. hyst. and bilat. oophorect. 1902.	Fibroma.
112.	52.	Tot. abd. hyst. bilat. oophorect. and appendicectomy. 1906.	R. Pyosalpinx. L. Salpingitis.
113.	61.	Tot. abd. hyst. following 11 yrs. aft. bilat. oophorect. 1906.	Prolapse of Uterus.

II. HYSTERECTOMY & UNILATERAL OOPHORECTOMY.

114.	50.	Vag. hyst. and Unilat. oophorect. 1903.	Metritis.
115.	51.	Tot. abd. hyst. and Unilat. oophorect. 1906.	Fibroma.

III. HYSTERECTOMY ALONE - 2 Cases.

116.	51.	Vag. hyst.	Fibroma.
117.	59.	Vag. hyst.	Prolapse & pelvic peritonitis.

Total Abdominal Hysterectomy and Bilateral
Oophorectomy for Fibroma.

Case /// Age 52. Single. Obstetric Nurse.

Operation March 1902.

Complained of severe menorrhagia for a year past, of the presence of an abdominal tumour for seven years past. Tumour extended to umbilicus. Patient was thin, anaemic and miserable.

Operation. Remoyal of fibroid uterus containing numerous fibromata, and with a cavity 6 inches long; and of normal tubes and ovaries.

Took up obstetric nursing again after 3 months, and has done it steadily during the 6 years, except for two or three months annual holiday. General health very good. She finds herself quite equal to her work and enjoys it.

Flushes, several daily, rather severe, came on at once, and still occur once in two or three days.

Headaches are infrequent; she has had a little occasional flatulence, and has some slight and increasing palpitations on exertion.

Weight increased from about $6\frac{1}{2}$ st. to over 10st.

Height 5 ft.

Nerves were a little irritable at first, have long been quite steady; she had bad fits of crying without assignable cause during first year, but has since been cheerful.

A healthy-looking woman, looking about her age, active, capable and bright and apparently quite equal to her rather tiring life.

Total Abdominal Hysterectomy, Bilateral
Oophorectomy and Appendicectomy for Suppurative
Conditions.

Case 119 Age 52. Married. Ten children.

Town housewife. Operation October 1906.

Patient, who was still menstruating, complained of severe lower abdominal pain of three weeks' duration, of constipation.

Operation. Removal of uterus adherent to intestine and with an abscess in its wall, of right pyosalpinx and right ovary, of inflamed left tube and left ovary, of vermiform appendix.

Took up light housework at end of 3 months, has never since done full work of four-roomed house, but was in fair general health till 4 months ago, when a hernia appeared in the lower end of the scar which has given much pain. (In February 1908 she was re-admitted to Hospital and the hernia successfully repaired). Occasional slight flushes came on 6 months after operation; she has had rather frequent headaches, but no digestive or cardiac neuroses. Weight increased and not excessive. Nerves have been steady and patient has been cheerful except latterly, when suffering from hernia. Sleep has been good.

Looks a hearty healthy woman, apart from the local condition on December 18th 1907. Was in good condition on leaving Hospital again at end of February 1908.

Total Abdominal Hysterectomy for Fibroma
following eleven years after Bilateral
Oophorectomy.

Case //3 Age 61. Married. Five children.

Housewife and charwoman. Operation October 1906.

After birth of last child, at 33, menorrhagia began and at 50 bilateral oophorectomy was performed for this by a gynaecologist at a neighbouring Hospital. Complete amenorrhoea followed, but health remained poor.

Flushes were "bad" after oophorectomy, came on again after hysterectomy, still occur several times a week, and make her feel as if she should lose her senses.

In 1906, hysterectomy was done by Dr Wilson, for relief of prolapse of uterus, of severe bearing-down pain, of dysuria.

Since then she is "much better" in health, but still very feeble, suffering from cystocele and dysuria, from bad cough, from very frequent headaches, from bad flatulence, from palpitations and dyspnoea.

Weight lost but still excessive.

Nerves in poor condition, memory failing, describes herself as "a very nervous woman now". Is a little afraid of losing her senses. Sleep very poor.

Seems feeble, timid and downhearted. Home conditions are poor, and she attempts to work beyond her strength. Has been a particularly hard-working and active woman.

Vaginal Hysterectomy and Unilateral

Oophorectomy for Metritis.

Case 114 Age 50. Married. Fifteen children and four miscarriages. Country housewife.

Operation August 1903.

Complained of menorrhagia of four years' duration; of continuous loss for past nine weeks - Had a tumour reaching nearly to umbilicus. Was fat, flabby and anaemic.

Operation. Removal of enlarged uterus and of left cystic ovary and left tube.

Took up light work 6 weeks after operation and gradually added more until now doing all the minor work of six-roomed house and family of seven. General health greatly improved and now good.

Flushes had been rather frequent and severe up to operation, then ceased. Headaches ceased for a year and then returned, occur now once a week.

Before operation there had been much severe flatulence, palpitation and dyspnoea, but patient has since been greatly better in these respects.

Weight greatly increased and now about 15 st.

Nerves. Slight paralysis agitans of head since operation, and lowered resistance to noises and excitement. A good deal of causeless depression for some time but comparatively little now.

A healthy, contented cheerful woman of the upper working-class, living with enjoyment an active and varied life.

Total Abdominal Hysterectomy and
Unilateral Oophorectomy for Fibroma.

Case //s Age 51. Single. Engaged in housework.

Operation October 1906.

Complained of menorrhagia of 3 years' duration, of dysuria for many years, of losing flesh and strength. Had a tumour reaching to umbilicus. Was passing albumen and casts.

Operation. Removal of uterus with fibroma weighing 7lbs 14 ozs., and of right ovary and tube.

Patient, for politic reasons, not seen by researcher. Letter gives the following:-

She was able to take up work at end of a fortnight after leaving Hospital, and has since done much, and has had greatly improved health.

Flushes were "rather bad at times", headaches have been "very few", digestion has been much better than she had ever known, palpitations have greatly lessened, sleep is "very good unless excited".

Weight has slightly increased.

Nerves "do not bother" her, and she says - "I think I am fairly cheerful. At any rate I am not depressed".

Vaginal Hysterectomy for Fibroma.

Case 116 Age 51. Married but separated from husband.
Four children. Town housewife.

Operation January 1905.

Complained of menorrhagia, of anaemia, of increasing weakness.

Had syphilis 16 years ago, and has had more or less sore throat ever since.

Operation. Removal, morcellément, of a fibroma the size of a full-term foetal head, and of numerous small fibromata.

Took up light housework 6 months after operation, full work of four-roomed house and also dressmaking and washing 12 months after, does it easily, often working from 6 a.m. to mid-night, and can walk three miles.

Says she is enjoying the best health of her adult life, feels many years younger since her operation, and is full of energy. She is American-bred and has more than English vivacity.

Flushes were troublesome for 4 years previous to operation, but there have been none since. She had severe flatulence, palpitations and dyspnoea before operation, but has been free of them all since.

She has headache about once a month for one day.

Weight unchanged and normal.

No nervous symptoms beyond some "twitching in the legs" which she had had for some years. Mental condition excellent. A very strong, healthy, capable young-looking woman.

Vaginal Hysterectomy for Suppurative
Conditions.

Case 117 Age 59. Married. Eleven children.
Town housewife. Operation May 1906.

Complained of uterine prolapse causing pressure-
sores, of great pelvic pain, of increasing weakness.

Operation. Removal of uterus. Colporrhaphy.

Before operation had been ailing for 15 years since
a miscarriage, during the last year or two had
been extremely weak, anaemic and thin, and finally
could neither work nor walk. Four months after
operation was doing much housework, and now does
full work of four-roomed house, and can walk six
miles with ease. Says she has nothing to
complain of, and feels years younger.

She has had no flushes (menopause occurred at 49)
no headaches, no indigestion and no palpitations.

Weight increased and now normal.

Nervous and mental conditions of the best.

A healthy, happy, hard-working woman, looking much
younger than her age.

This series of 7 cases of patients operated upon at ages varying from 50 to 61, when the ovaries may be supposed to have atrophied and to have ceased their functions, shows some interesting points.

Case 114. had severe menopause symptoms up to the operation, after which they all entirely and suddenly ceased. Headache returned a year later.

Case 116. had severe flushes, flatulence and palpitations up to the operation, after which they all cleared away at once, and have not returned. In this case hysterectomy alone was performed.

Case 113. had severe flushes after bilateral oophorectomy at 50. These subsided, but came on again after hysterectomy at 61, and are still causing distress $1\frac{1}{2}$ years later, together with much headache, flatulence and palpitation.

Cases 111. 112. & 115 have had slight menopause symptoms, but have suffered in no other way.

Case 117. had passed the menopause at 49, ten years before operation, and has had no return of menopause symptoms since the hysterectomy was performed.

THE ABILITY TO WORK & THE GENERAL HEALTH.

Of these 7 patients -

(Excellent in 2 cases.
 (Very good in 1 case.
 (Good.....in 2 cases.
 (Fair.....in 1 case.
 (Bad.....in 1 case.

The nervous and psychological conditions have been:-

(Excellent in 2 cases.
 (Very good in 2 "
 (Good.....in 2 "
 (Bad.....in 1 "

Weight -

((Has increased in 5 cases.
 (Has remained unchanged in 1 case.
 (Is not recorded in 1 case.

The subject of the effects of bilateral cophorectomy is too big and too complex for the investigator to have any wish to generalize on the evidence brought out by her researches into this series of 117 cases. The work was undertaken with an unbiassed mind and the sole object of helping to find out a little of the truth on a subject of so much importance.

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