

mortality seems to have had the effect of diminishing the number, as they fell off rapidly, until in the years 1860-63 there were only three in each year. In 1870, Dr. Atlee reported his 200th case, while Kimball had had 121, and Dunlap, Peaslee, J. P. White, McRuer, Thomas, Bradford, Emmet, and Sims had had from 60 to 12 cases each.

In England the operators who first made reputations were Tyler Smith, Baker Brown, Chas. Clay, Thomas Bryant, Thomas Keith, and Spencer Wells. To the latter we must unquestionably give the credit of having done an immense deal to influence the profession, and to overcome the opposition which, up to 1860, had existed in England more than anywhere else. Many prominent men opposed the operation, very broadly denouncing those who attempted it as murderers, as guilty of malpractice, and using all their influence to keep the operation down. After Sir Spencer Wells' paper in 1860, opposition was silenced, and from that date it may be said that ovariectomy was adopted as a legitimate resource in England.

My own experience of ovariectomy began in 1870, when I entered the Strangers' Hospital, in New York City, as interne. Dr. T. G. Thomas was appointed gynecologist to this hospital, which had just been established; and, filled with the ardor of enthusiasm, he soon collected a considerable number of cases for operation. During the year that I served as senior assistant and house-surgeon, I had under my care twelve operation cases, nine of which recovered. As can be readily imagined, an ovariectomy in those days was a great event. I have seen in the operating room at the hospital, witnessing and advising, and perhaps assisting, Dr. Thomas, Sims, Peaslee, Emmet, Noeggerath, Sands, Willard Parker, and others of the great lights of surgery in New York at that time. As we had no trained nurses, Dr. E. L. Trudeau, who was my senior by six months, and myself had to take the entire charge of the cases. The nurse would call us frequently during the night, and we would pass the catheter, give hypodermics of morphine, and do all the nursing which is now so much better done by our skilled and trained assistants.

Dr. Thomas's theory in those days was that a great deal of the danger was due to the shock to the nervous system, which led to inflammation; and in order to quiet the nervous system, the patient was put under the influence of opium for a few days in advance of the operation. We can see here the influence of Alonzo-Clark treatment of peritonitis: if large doses of opium would cure peritonitis, smaller doses would prevent. And so, in