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THE FAILURE OF THE REMOVAL OF  
THE TUBES AND OVARIES TO  
RELIEVE SYMPTOMS.\*

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In selecting this subject as my ground for a paper, I determined to throw together, roughly, some facts that have come under my own observation in the last four years. It is a well-accepted fact among sportsmen that a spayed bitch is stupid, listless, and lazy; that she loses interest in her work and becomes almost useless to the gunner. I believe that removal of the ovaries of women, in some cases, interferes with their intellectual capabilities and diminishes their intellectual calibre, even if it does not remove or diminish their sexual desire. It is not such a very important matter that a woman should be endowed with sexual longings, but it is very important that her companionship should be unimpaired by any loss of mental vigor. We hear a great deal about the marital grievances based on this absence of sexual feeling, but I believe that fully one-half of the married women are almost devoid of sexual passion. Let us hope that in a civilized community this is not the chief exact-

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ment of man, but that he looks to woman to be a bright and cheerful companion, a ready counsellor, and a help in the hour of suffering and trouble. Our object, as physicians and surgeons, is to relieve suffering. When suffering and semi-invalidism are due to pelvic inflammation that can be relieved by operation, then we should undoubtedly operate, even though the woman be unsexed. But to operate on organs not diseased for the relief of indefinite pain symptoms, hysterical symptoms, cataleptic symptoms, epileptic symptoms, is to my mind unjustifiable. A craze seems to have taken hold of the profession. The axiom seems to have become: "If a woman has indefinite pains or pelvic symptoms that you cannot account for, take out her ovaries." This axiom requires a radical change. Every case that complains of indefinite pelvic troubles should be taken into a hospital, or watched resting quietly at home, attended by an experienced nurse for a month or six weeks. Valuable information as to the actual amount of pain suffered will be in this way obtained. Examination should be made by an experienced finger under an anæsthetic. It is thus impossible that a dilated tube or an enlarged ovary can escape the finger, or that adhesions be present without being discovered. If no definite enlargement or "boggy" matting together of the parts be felt, then I hold that the ovaries and tubes should be left alone. Ovaries with little fibroid nodules, broad ligaments with little cysts hanging from the tubules of Kobelt, or the