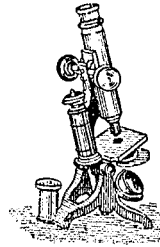


"It will, perhaps, be interesting and instructive to you if I review briefly all the fatal cases of ovariectomy that came under my notice during the five years in which I held the post of surgical registrar at St. Bartholomew's Hospital. It was at that time part of my duty to make *post-mortem* examinations, not only on all patients who had died in the general surgical wards, but also on those from the surgical side of the gynaecological wards. The experience thus gained was to me both interesting and instructive. During the above-mentioned period 176 ovariectomies were performed. Twenty-two patients died, and in nearly every case a *post-mortem* examination was obtained. Two patients died of intestinal obstruction; in three cases the tumour was a suppurating cyst; in two cases the cyst had ruptured before operation; one was a case of inflamed cyst; one was a large universally adherent cyst; one was an adherent dermoid tumour; in two cases the pedicle of the tumour had been twisted; in two cases the tumour was malignant; in one case an opening into the rectum was found; in another a sinus had existed in the loin (this case has already been mentioned); one patient died suddenly of collapse and high temperature on the second day; one died of bronchitis five weeks after the operation; two died of peritonitis, for which no cause could be discovered at the *post-mortem*; and two died of calculous pyonephrosis and carcinoma of the stomach respectively, complications which, although existing at the time of operation, had not been detected."

The actual cause of death in each of the above cases is not given, but the figures show that the death rate was exactly one out of every eight cases. These figures will startle the operators at special hospitals at the present time. Last year, for example, in the Hospital for Women, Soho Square, fifty similar cases were performed with one death, and the percentage there has frequently been lower than this. If the mortality after such a comparatively simple operation as ovariectomy is so high at a general hospital, it gives some support for the contention of gynaecologists that difficult abdominal and pelvic operations are better performed by those who do no general surgical work, and who are not only more experienced in the special technique required by abdominal surgery, but are rarely called upon to deal with septic cases. It is a law of political economy that by division of labour dexterity is increased.

## Medical Matters.

### THE SIXTH SENSE.



The actual possibility of a sixth sense in human beings was advanced with great plausibility by Dr. Javal, at the meeting of the French Academy of Medicine.

Dr. Javal is blind, and in the course of his speech denied vigorously that Nature compensates blindness by increased sensibility of touch and hearing.

Rather, he considered that when a person was blind an extra development takes place of the sixth sense, which is latent in all persons.

This sense, which has been called the sense of obstacles, acts by the perception of certain warm and indefinite vibrations. The seat of the sense is believed to be placed in the forehead.

This theory opens up speculation as to how many other senses we may possess in a rudimentary state of development, or becoming atrophied from disuse. More especially will those ponder the question who have lived amongst the native tribes of uncivilized regions and observed their ways.

### PREVENTION OF MALARIA.

At a recent meeting of the Sanitary Institute, Dr. Patrick Manson gave instructive and valuable information as to the prevention of malaria.

Dr. Manson stated that the prevention of malaria really resolved itself into the prevention of the introduction of the malarial parasite into man by mosquitoes infected by man. That could be done either by preventing the infection of the mosquito by the man or the infection of the man by the mosquito. The first of those objects could be accomplished, either by curing all cases of malaria in man, or preventing the access of mosquitoes to the infected man. The second could be attained by the destruction of mosquitoes and preventing the access of infected mosquitoes to non-infected man. As to practical measures, he strongly advocated the use of quinine in cases of malarial disease as it had the effect of destroying the malarial parasite. In his thirty years' experience he had never seen a case of malarial disease which could not be cured by quinine.

[previous page](#)

[next page](#)